TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

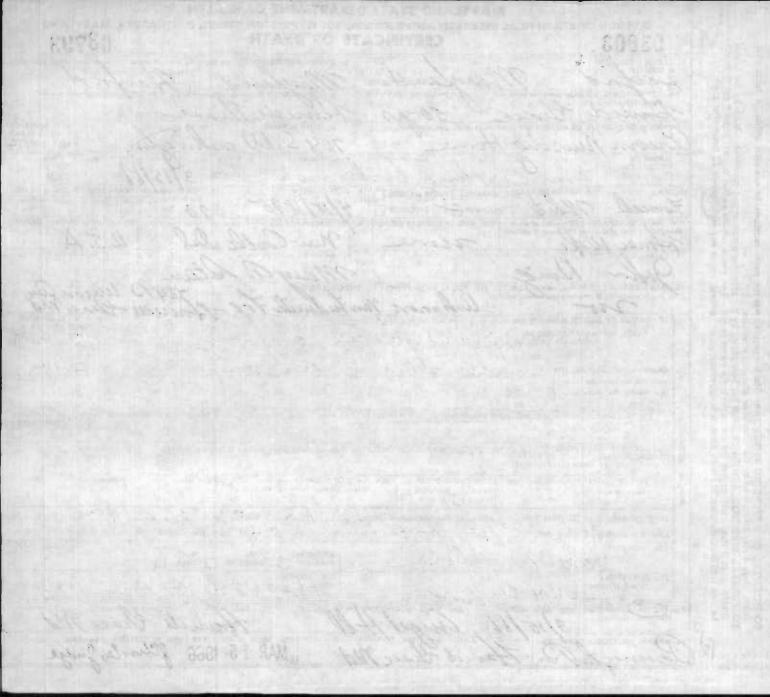
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

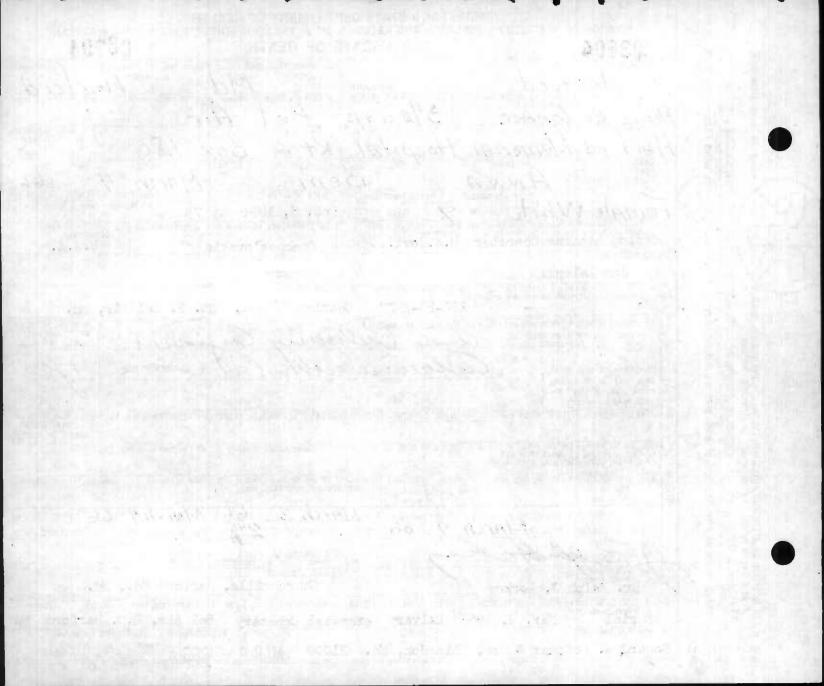
١,			CERTIFICAT	E OF DEATH		(37:	93
-	1. PLACE OF DEATH  o. COUNTY	ma	rs/amarhand	2. USUAL RESIDENCE (W	Where deceased lived, If inst b. COBNY		bafora admission)
	b. CIJY OR TOWN (if outside write RURAL and give in	le corporate limits, earest town)	LENGTH OF STAY IN 16	c. CITY OF TOWN (If outs	ida corporate limits, writa RI	JRAL and give near	rest town)
54	HAME OF HOSPITAL OR	INSTITUTION (if not in bo	rspital, give strandaddress)	d. STREET ADDRESS	unic X		on A FARM?
	3. NAME OF DECEASED	Days	Middle		DATE Wonth	Day	Year No 4
	(Type or print)	mma 1	ling little	emson 1	DEATH 3/12/8	1/	19
	Female M	OLOR OR RACE 7. MARRIE		4/18/1895-	9. AGE (In years IF last birthday) 20 yrs.		UNDER 24 HRS.
	10a. USUAL OCCUPATION (G done during most of working li	ive kind of work to evan if refired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & S	itete, or foreign country)	12. CITIZEN OF W	VHAT COUNTRY?
	13. FATHER'S NAME	Unio		14. MOTHER'S MAIDEN NAMI	De		
	15. WAS DECEASED EVER IN U		SOCIAL SECURITY NO. 17. II	NFORMANT TO	Address/	). Unios	a Core
	18. CAUSE OF DEATH	[Enter only one cause per	line for (e), (b), and (c).]/	- 0	- Hanne		AL BETWEEN
		TATE CAUSE (a)	encredit	is, clya	ne	2	marty
	Conditions, if any, which	ch) (b) de	wodewat	ulce	~	2	45
gave rise to immediate causa (a), stating the underlying causa last. (c)							, -
	PART II. OTHER SIGNI	FICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL D	ISEASE CONDITION GIVEN	1 IN PART 1(a) 19. YES	PERFORMED?
		USE OF DEATH	SCRIBE HOW INJURY OCCURRED	. (Enter nature of injury in Part	or Part II of item 18.)		
	ZOc. TIME OF INJURY Hour a.m. p.m.	Month, Day, Yaar 20d. Whil 19 at wo	aNot Whila facto	TE OF INJURY (Homa, farm, ry, streat, office bldg., etc.)	Of. (City or town)	(County)	(State)
	21. I certify that (I	(this hospital) atter	nded the deceased from.			, 19.6, That	'''
	saw the deceased al	ive on	19 2 Dand that	death occurred a A.M.	, from the causes and	on the date s	22b. DATE
)	fo	and &	fer .		OR PHYS.		SIGNED
	22c. PHYSICIAN'S NAME (Type)	JUN P. Y	/W	22d. ADDRESS	Ede GRA	UE "	11
0	23e. BURIAL, CREMATION, 2 REMOVAL (Spacify)	3/15-166	23c. NAME OF CEMETERY C	OR CREMATORY 23	d. JOSATION (City, town	gregunty)	(Steta)
1	24 FUNERAL DIRECTOR'S SIG	NATURE //	ADDRESS MA	25a. REC'D BY	REGISTRAR 25b. REGIS	TRAR'S SIGNATUR	E
1	Januar Mal	In Itas	400 Than IVI	DAYAR I	0 1366 1	area Jus	42

VR A1S (4) 20M S-63



A15 (4) A 1/65

7		U38U4		OLKIII	ICAIL	OF DEATI			10104		
I		PLACE DE DEATH	A .			2. USUAL RESIDEN	ICE (Where dece		. /	heigre adr	mission)
J	-	a. COUNTY	hard	Man	YLAND	a. STATE	Md	b. COUNTY	Hor	Ino.	~
		b. CITY OR TOWN (if o	utside corporate limits			c. CITY OR TOWN (I	f outside corpe	orate limits, write	RURAL and gi	ve neares!	town)
	11	write RURAL and gi	ve nearest town)	2/2/	0.11	2.1	1				
	111.		OP INSTITUTION OF DO	t in hospital, give street	773	d. STREET ADDRESS	1711		12	e. IS RESI	DENCE
	11	a. HAME OF HOSPITAL	OK INSTITUTION (II III	in nospital, give street	autoress)	d. STREET AUDRESS	0	10-		ON A FA	
9	H	Artord /	Jemorial	Hospiti	9/ 1	KT. X	DOX	180	,	YES 🗌 1	NO E
		NAME OF DECEASED	/ First	Middle	0	Last	4. DATE	/ Month	Day	Year	r
		(Type or print)	HNNI	9	15	em	DF DEATH,	MARCH	7	196	6
1	5.	SEX 6. CO	LOR OR RACE   7. MAR	RIED NEVER MARRI	ED   8.	DATE OF BIRTH	9.	AGE (In years   IF			
1	5	emple 11		WED DIVORC		Feb. 8, 189	97 7	15	onths Days	Hours	Min.
	10a.	USUAL OCCUPATION (GI		Ob. KIND OF BUSINESS O	-	11. BIRTHPLACE (		yrs.   r foreign country)	12. CITIZEN	OF WHAT	
	durli	ng most of working Jife		INDUSTRY				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	COUNTRY	7	
	_	FATHER'S NAME	ne oberacer	U.S.Govt.		Czechos]			U.S	• A •	
	13.		,		108	14. MOTHER'S MAI	DEN NAME				
		Jan Zele				Unknown					
H	15. (Yes	WAS DECEASED EVER IN , no, or unkown)   (If yes	U.S. ARMED FORCES?	16. SOCIAL SECURITY N	0. 17.	INFORMANT		Address			
		No	-	220-20-7127	Ch	arles W/ B	em, Rt.	2, Bel	Air. Md		
		18. CAUSE OF DEATH	[Enter only one cause	per line for (a). (b), and	c).)		0		INTE	RVAL BET	WEEN
1		PART I. DEATH W	AS CAUSED BY:	acule 1	Troll	noudier	Caron	- line	ONS	ET AND D	EATH
H			EDIATE CAUSE (a)	The state of	7	mount	The state of the s	July .		6	-
H		4221	DUE TO	Whis -	calo	exteto 1	1-019-9	110000	0 0	Au	2
H		Conditions, if any, w		· · · · · · · · · · · · · · · · · · ·	20-0	21041 6	-0			1	
		cause (a), stating	the DUE TO						0		
		underlying cause last.	(0)								
	CERTIFICATION	PART II. OTHER SIGNIFI	CANT CONDITIONS CON	TRIBUTING TO DEATH BUT	NOTRELAT	ED TO THE TERMINAL	DISEASE COND	ITION GIVEN IN PA	RT 1(a) 19.	WAS AUT PERFORM	
	2								YE	s 🔲 s	X ON
	RTII	20a. ACCIDENT WAS U	NDERLYING 1 20	b. DESCRIBE HOW INJ	JRY OCCUP	RED. (Enter nature o	of Injury In Par	t I or Part II of I	tem 18.)		
	S	OR CONTRIBUTING (IF EITHER, NOTIFY M	EDICAL EXAMINER)								
	R -	20c. TIME OF INJURY	Month, Day, Year   2	Od. INJURY OCCURRED		E OF INJURY (Home, f		Ity or town)	(County)	(St	tate)
	MEDICAL	Hour a.m.		While Not While	factor	y, street, office bldg.,	etc.)				
	Σ	p.m.		work at work		anello 2.	266	Marche	7.0// "	1.40.7	- N - 1 - A
		21. I certify that	(I) (this hospital) at	tended the deceased	rom 2010	7,015	1900 to	March ?	, 1966, tr	at (1) (we	e) last
		22a. SIGNATURE	alive on ABIC	1900,	and that	death occurred at	M, from	n the causes ar	on the dat	e stated	above.
		22a. SHOTHATORE	Re Sta &	Le-		ATTENDING PHYS.	MED.	STAFF -	ZZD. DATE SI	MED	
,	1	220. PHYSICIAN'S	Je Oy - C		M.D.		DIRECTOR	PHYS.			
	X	NAME (Tyge)				22d. ADDRESS	III Ha	rford Co	Wa		
,	1.	Dr. Ralph									
	23a.	BURIAL, CREMATION, REMOYAL (Specify)						ATION (City, tow		(Sta	
		Burial	Mar. 9, 19		Metho	dist Cemet		l Air, R			Md
	24.	FUNERAL DIRECTOR		ADDRESS		25a. RE	C'D BY REGIST	RAR 25b. REG	ISTRAR'S SIGN	ATURE	
	He	oward K. Mc	Comas & Son.	Abingdon, N	d. 2	1009 DALLA	0 10	00 100	anlas Je	edak	



MARYLAND S	TATE DEPARTM	ENT OF HEALTH-	-BALTIMOF	RE, 18	CLA.
	CERTIFICA	ATE OF DEATH		Reg. Dis	03795
ford	MARYLAND	2. USUAL RESIDENCE (Where		institution: Residence	te befare admission)
outside corporote limits, write c.	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs	ide carporate limits,	write BURAL and g	ive nearest town)  12-1
AL (If not in hospital, give street add	ress)	d. STREET ADDRESS	V me	d	e. IS RESIDENCE ON A FARM? YES NO
nnot	Burchett	Bord	DATE OF DEATH	Month	Day Year
6. COLOR OR RACE 7. MARRIED WIDOWED	NEVER MARRIED	8. DATE OF BIRTH  MAN 17. 18	9. AGE (In lost, birt	11 0	1 YEAR IF UNDER 24 HRS. Days Hours Min.
ON (Give kind of wark done 10b. KIN ing life, even if retired)	D OF BUSINESS OR INDU	Talleton	foreign country)	120 1	WS 4
LOV B Bon	E	14. MOTHER'S MAIDEN NAM Ama Sluv	us Smil	7,	
R IN U. S. ARMED FORCES? 16. SO (If yes, give war or dates of service)	CIAL SECURITY NO.	www Bond	Joppa ;	Address W	
ATH [Enter only one couse per line of the WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	or (0), (b), and (c).]	Lithron	chosis	5"	INTERVAL BETWEEN ONSEI AND DEATH
DUE TO A	terioget	Perofic Cao	Liovas.	DIS	7:485.
mmediate DUE TO		20 1		-	

ary 13. FATHER'S NAME 1S. WAS DECEASED EVE CAUSE OF DEA PART I. DEA Canditians, if a gave rise to cause (a), stating the undereneral Artaniasclerosis lying cause last CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DISCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, Manth, Day, Year 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Haur a. m. While Not white ot work at work p. m. 21. I certify that I attended the deceased from that I lost saw the deceased M, from the causes and an the date stated abave. and that death accurred a 4:50 ADDRESS (Street, city ar tawn, state) DATE SIGNED CTUA SIGNATUR PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION. | 22b. DATE THEREOF 22d. LOCATION (City: 22c. NAME OF CEMETERY OR CREMATORY town, or county) (State) REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

PLACE OF DEATH a. COUNTY

b. CITY OR TOWN ( RURAL and give n

NAME OF

DECEASED

5. SEX

(Type ar print)

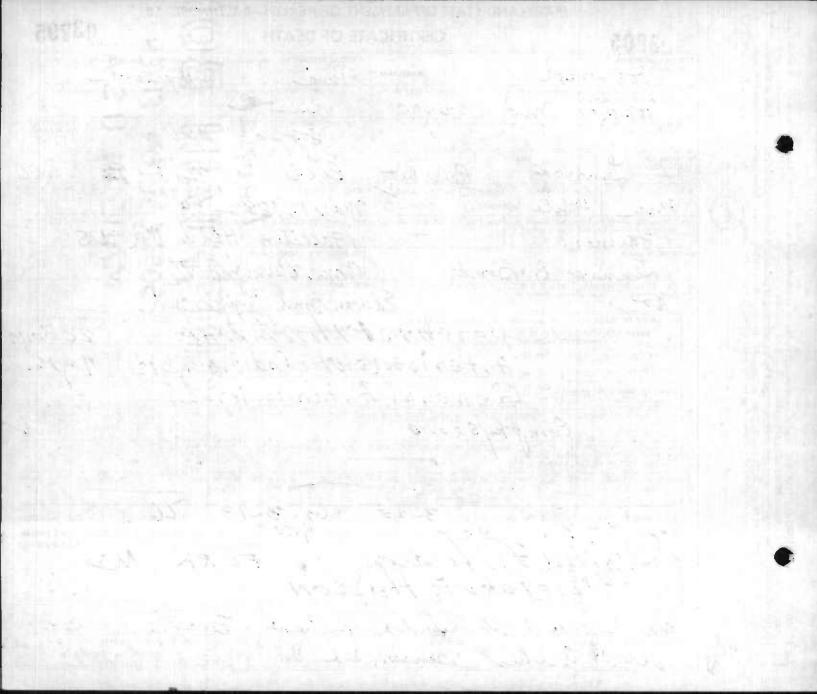
10a. USUAL OCCUPATIO

during most of work

00

AR 16 1966 1966

24b. REGISTRAR'S SIGNATURE

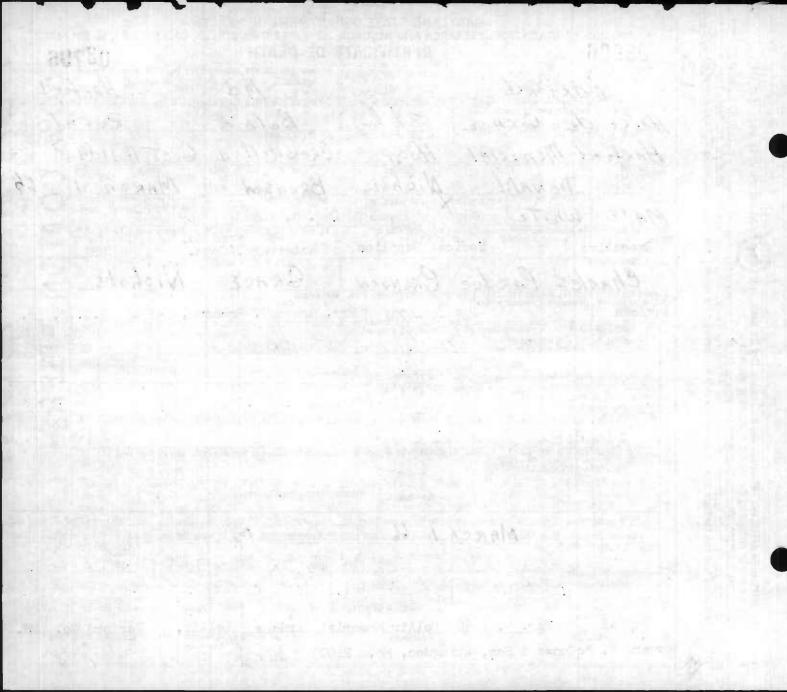


MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1	1 83600		CERTIFICATI	E OF DEATH		03796
Ц	1. PLACE DF DEATH			2. USUAL RESIDENCE (Who	ere deceased lived, If Institution:	Residence before admission)
1	a. COUNTY	40000		a. STATE	b. COUNTY	1/20 And
	b 0170 00 40WW	TRYOKU	MARYLAND	/1/ 3		PARTORU
	write RURAL a	(if outside corporate limits, and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	e corporate limits, write RUR	AL and give nearest town)
	HAUCE C	TE GRACE.	3/2 Krs	Belaik	? P	URA/12-1
	d. NAME OF HOSE	PITAL OR INSTITUTION (If not in t	iospital, give street address)	d. STREET AOORESS		e. IS RESIDENCE ON A FARM?
0	HARFOR	1 Memorial	Hosp.	CRESSWell a	1 GOAT HIL	ROYES NO IN
	3. NAME OF DECEASED	First,	Middle	Last 4. D	DATE Month	Day Year
	(Type or print)	DONALD	Nichols		EATH MARCH	7 / 19 6
	5. SEX	6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years   IFUNDI	ER 1 YEAR IF UNDER 24 HRS.
	MALE	WhITE WIDOWED	7 DIVORCED	Aug. 4, 1896	last birthday) Months	Days Hours Min.
ij	10a. USUAL OCCUPATION	ON (Give kind of work done   10b. F	KIND OF BUSINESS OR	11. BIRTHPLACE (County & Have		CITIZEN OF WHAT
	Executive	g life, even If retired)	ical Supplies	Wew Have	n Co.	COUNTRY?
	13. FATHER'S NAME		rear pabbares	Waterbury,/(		USA
	10/	1 0 1	0	0.	ME A / 1 /	
	CHAR	les PARdee	DRONSON	GRACE	Nichol	S
	(Yes, no, or unknown)	/ER IN U.S. ARMED FORCES? 16.	. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
	unknown		33-12-4701 Mr	s. Grace, T. Bro	onson. Bel Air	R.D. #2. Md.
	18. CAUSE OF D	EATH [Enter only one cause per		1		I INTERVAL BETWEEN
		TH WAS CAUSED BY:	12 dian	epon pp. 107		ONSET AND DEATH
	11001	IMMEDIATE CAUSE (a)	Virecce ()	Cerup Custa	4n	- Colors
	Conditions, If a	DUE TO	wonie Po	1		
	gave rise to i		wonie (a)	161		
	cause (a), sta	ting the DUE TO	- C (2)	N Pla	1111	3 years
	underlying cause		131 000	-, ceu	MIV, D	1
	PART II OTHER SI	GNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(	a) 19. WAS AUTOPSY PERFORMED?
)	Dia Dia	beles unell	eluo .			YES NO
	PART II. OTHER SI	VAS UNDERLYING   20b.	OESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injury	In Part I or Part II of Item ?	18.)
		G CAUSE OF DEATH FY MEDICAL EXAMINER)				
è			INJURY OCCURRED   20e. PLA		20f. (City or town) (C	ounty) (State)
	Hour a.m.	110110	NOT WITH THE	ry, street, office bldg., etc.)	-	
				100120Ph 20/03	. 3// 10	[ 11 -1 (D) ( -2 ) 1-1
		that (I) (this hospital) attend		musel, 1963		that (i) (we) last
	22a, SIGNATURE	eased alive on MARC	19 b, and that	death occurred at	M, from the causes and on	DATE SIGNED
	22a. SIGNATORE	- An Donale	O(1 Tenus)	ATTENDING MED.	STAFF -	DATE SIGNED
,	22c. PHYSICIAN	they	M.D	. PHYS. PL DIRECT	OR PHYS.	11/66.
	NAME (Typ		0 /00 M	22d. ADDRESS	o Prago	1.0
		- Lander	C. NOO / MIL	1 Have Co	The first	Deter !
	23a. BURIAL, CREMA REMOVAL (Spec	TION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 23d	LOCATION (City, town or o	county) (State)
	Burial	Mar. 4, 1966	BelAir Memor	ial Gardens   B	elAir. Harf	ord Co. Md
	24. FUNERAL DIREC		ADDRESS	25a. REC'D BY	REGISTRAR 25b. REGISTRA	AR'S SIGNATURE
	Howard K. M	ic Comas & Son, Ab	ingdon, Md. 2	1009 MAR 4	1956 Scharl	en Judge

executed within 24 hours after death. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HDSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifing Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65



FOR STATE HEALTH DEPT.

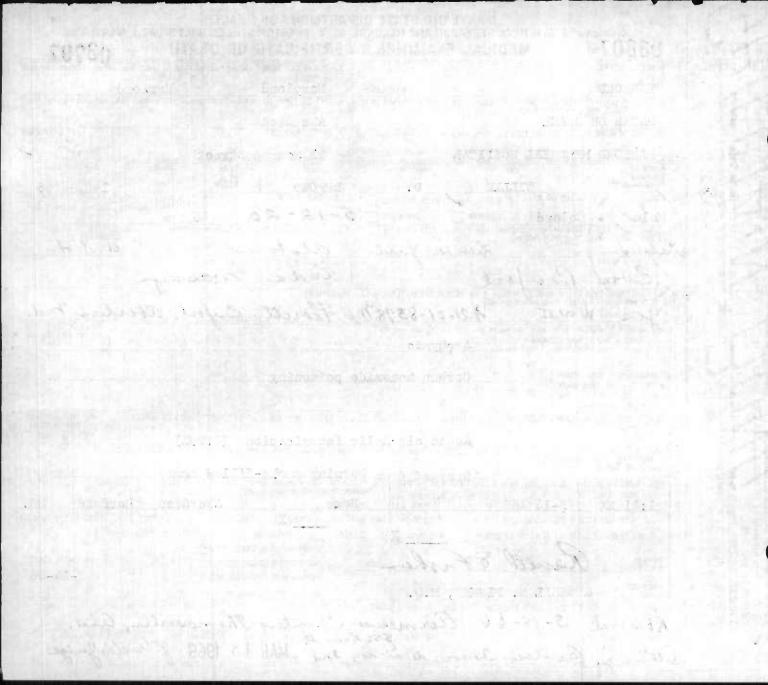
O DEPUTY MEL EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute he certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO DEPUTY MED

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. 66 VR AISME (5) 5M 1/65

12

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS 301 W PRESTON STREET RALTIMORE 1 MARYLAND

	03807 MEDICAL EXAMINER'S	CERTIFICATI	E OF DEAT	H (	3797	
1.	PLACE OF DEATH a. COUNTY HARFORD MARYLAND	2. USUAL RESIDENCE a. STATE Maryland		ed, If institution: Resi b. COUNTY Harford	dence before admis	sion)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If			nd give nearest to	own)
	HAVRE DE GRACE	Aberdeen			12 1	
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS			e. IS RESIDE	NCE
	HARFORD MEMORIAL HOSPITAL	23 Manua	o Chwoot		ON A FAR	M7
3.	NAME OF First Middle	Last	e Street	Month	Day Year	
	DECEASED		OF DEATH			
5.	WILLIE	BUFORD B. DATE OF BIRTH	19. AGE (II	n vears LIF UNDER 1	YEAR HE UNDER 24	HRS
	7. MARRIED 12 REVER MARRIED	5-12-2	last bi	rthday) Months D		MIn.
10	Male   Colored   WIDOWED   DIVORCED     a. USUAL OCCUPATION (Give kind of work done   10b, KIND OF BUSINESS OR		tate or foreign coun	try) 12 CIT	IZEN OF WHAT	_
du	log most of working life, even if retired) INDUSTRY	11. BIRTHI LAGE (S	tate of foreign coun	COU	NTRY?	
13	FATHER'S NAME	alaba	ma	u	· S. H.	
13	PAINERS NAME	14. MOTHER'S MAID	Man-			
- 15	core Bujord	waa	maa	Address		
(Ye	. WAS DECEASED EVER IN U.S. ARMED ORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	4			,
	yes WWII 421-01-8378 M	1. Horett	· Duford	, aberd	een, ma	(.
	18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]				INTERVAL BETWE	
10	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Asphyxia				ONSET AND DEA	141
	9/60 DUE TO					
	Conditions, if any, which (b) Carbon monoxide	poisoning				
	gave rise to immediate (					
	underlying cause last. (c)					
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	ISEASE CONDITION G	IVEN IN PART 1(a)	19. WAS AUTOR	
CERTIFICATION	Acute alcoholic	intorionti	on_ (0,26%	1	YES NO	
TFI	20a. EXTERNAL CAUSE WAS   20b. DESCRIBE HDW INJURY OCCU	IRRED. (Enter nature of	Injury In Part I or F		<u> </u>	
E	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.		C. 11 1 1 1 -			
ALC	20c. TIME OF INJURY Month, Day, Year   20d. TNJURY OCCURRED   20e. PLA	irning smoke CE DF INJURY (Home, fa	rm.   20f. (City or		ty) (Stat	(e)
MEDICAL	Hour a.m. While Not While facto	ry, street, office bldg., e	tc.)	** *		
Z		Iome	Aberd	400-00		d.
	21. I certify that I took charge of the remains described above, he	-	Inspection,	inquiry,	and in my opi	nion
	death resulted from: Natural causes , Accident X, Sui	cide, Homici	V.	rmined manner L		
	ACTUAL OF SED	CHIEF MEDICAL			22. DATE SIGI	NED
	SIGNATURE CUSSELL OF SELECTION	M.D. ASSISTANT MEI		1	3-14-6	
	EXAMINER'S RUSSELL S. FISHER, M.D.	DEPUTY MEDIC	_	4	3-14-0	U
22	NAME (Type) RUSSELL S. FISHER, M.D.		t, city, town, or coun	(City, town or coun	ty) (State	1
238	REMOVAL (Specify) 2 10 11	OR CREMATOR!	MP.	1015, 10411 of Court	Da -	,
24	1,000	H-25a, REC	D'D BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE	
1	OLA O B. M. A 21	(111)	10 1000	Milanda	· Verdis	
10	pelle & Dullock Have de Macy	DAMAK	10 1999	1	1	



death. after hours 2 filled within completely carbon remove and physician ease 0 the attending pit permit. Then ial-transit by attending physician. signed been has use

a within events AGR = and removal. or cremation. burial-t burial. as the prior to for use Health certificate PHYSICIAN: T detached for be de State After retained P the DIRECTOR: houl 3 showith be page may O HOSPITAL TO FUNERAL Page

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b papers. rewrite RURAL and give nearest town) 11 AVre 0 0 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? NO X 3. NAME OF Middle Last DATE Month 4. Day Year DECEASED OF (Type or print) DEATH DAMES Ar 19 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) | Months | Days Hours October 3, 1909 56 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY during most of working life, even If retired) COUNTRY? tationer Store Owner ILENTON NEW JATSEY U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Timothy COTHERINE CONCAPHON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT(WILE) 838-6072 Address (Yes, no, or unkown) (If yes give war or dates of service) BAOSI BOFILLOH 21P 153-01-Mrs. Gertrude I. Clark NO BEI Air MAMIANY 21014 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) da. DUE TO Cenditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) WAS AUTOPSY 19. PERFORMED? NO X YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) CAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While D:m: at work at work 21. I certify that (!) (this hospital) attended the deceased from 19 and that death occurred at3 1966 M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED -22c DIRECTOR M.D. PHYS. PHYS. PHYSICIAN'S director, p 22C. 22d. ADDRESS NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (State) (City, town or county) REMOVAL (Specify) March 9, 1966 St. I quatius CEMETER BuriA 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Margard. W BEI Air MAN 21014

VR AI5 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. funeral and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY after after +ORC MARHIEN the MARYLAND CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b c. CITY OR FOWN (If outside corporate limits, write RURAL and give nearest town) within 72 hours write RURAL and give nearest town) -3-H hours GARE = CAYS 0 Dabers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS filled executed within completely carbon NAME OF Middle Last DATE DECEASED OF event, (Type or print) DEATH mar SEX 6. COLOR OR RACE DATE OF BIRTH/885 9. MARRIED NEVER MARRIED and any WIDOWED TO DIVORCED 80 physician and please reval, and in 10b. KIND OF BUSINESS OR INDUSTRY = 1Da. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) Housewife HOMEMAKET certificate 13. FATHER'S NAME removal, MOTHER'S MAIDEN NAME BAldwin John J. Swift the attend 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT death (Yes, no, or unkown) (If yes give war or dates of service) Mrs. Roberta CAtron NO 212-05-070 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]

Day Year Month 1966 MArch ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A Address VERMONT PLACE been signed by ure set the burial-transit permition to burial, cremation, or BEI Afr. Maryland 21019 INTERVAL BETWEEN law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **OR ATTENDING PHYSICIAN:** The law requires that tl be retained by the hospital or attending physician. DUE TO with metertagis Cenditions, if any, which gave rise to immediate DUE TO cause (a), stating the prior underlying cause last. has (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY for use Health PERFORMED? certificate NO X YES 20a. ACCIDENT WAS UNDERLYINC ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) r this certi of Dept. MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) be de State Hour a.m. After Id be d While Not While at work n.m. at work DIRECTOR: A age 3 should lied with the 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 2:22M, from the causes and on the date stated above. saw the deceased alive or 22a, SICNATURE 22b. DATE SICNED page ATTENDING MED. DIRECTOR STAFF PHYS. X Page 4 may I PHYSICIAN'S M.D. 22d. ADDRESS director, p NAME (Type) S. UNION BURIAL, CREMATION, 23b. DATE THEREOF **CEMETERY OR CREMATORY** (State) 23d. LOCATION (City, town or county) REMOVAL (Specify) MA, Z"ON MEthod'St-CEMETER Foundation Green, Harforda, Md. BUTTA W. Breadway & REC'D BY RECISTRAR 25b. RECISTRAR'S SICNATURE 24. FUNERAL DIRECTOR 1966 VR A15 (4)

ON A FARM? ND X

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JOSEPH William Foster

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FOR STATE HEALTH DEPT.

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MEDICAL EXAMINER:

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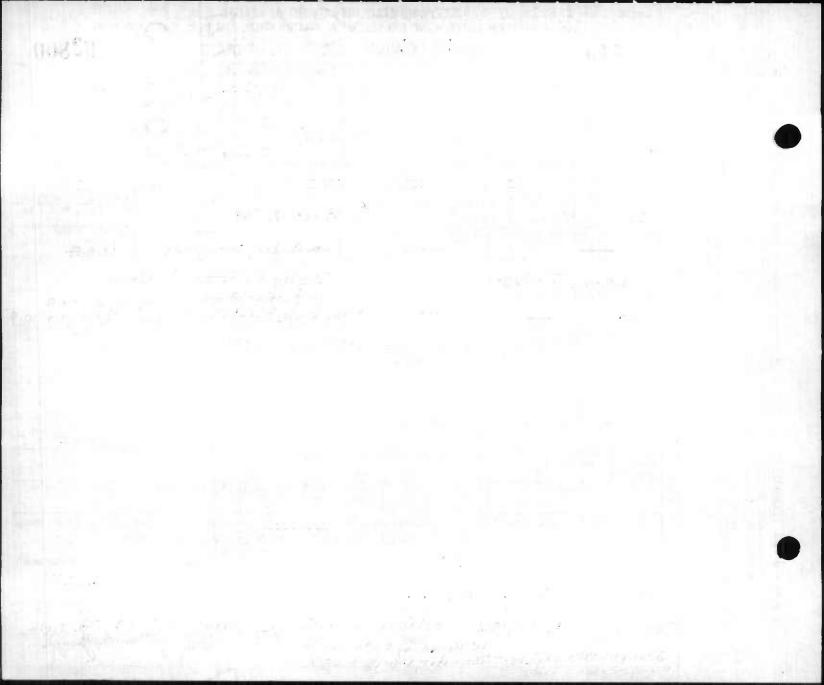
o. COUNTY Poge Harford at deoth. partment b. CITY OR TOWN (If autside carparote limits, write RURAL and give negrest town)
Bel Air er aft d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) De hours ate NAME OF First Middle 5 DECEASED RAYMOND with the KEITH (Type or print) withth SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Male White DIVORCED WIDOWED event and 1Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY any pages 13. FATHER'S NAME .= Toliver rosed 0 and E 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give war or dates of service remayal NO 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY 0 IMMEDIATE CAUSE (a) crematian, DUE TO Conditions, if ony, which gave rise to immediate couse (o), DUE TO stoting the underlying couse O OS burial, CERTIFICATION to be 20o. EXTERNAL CAUSE WAS pridr 3 shauld PRIMARY I or CONTRIBUTING I CAUSE OF DEATH agent, MEDICAL 20c. TIME OF INJURY Manth, Doy, Year 2Dd. INJURY OCCURRED Hour a.m. Not While While Page 4 at work of work designated may be retained for FUNERAL DIRECTOR: death resulted fram: Natural causes X Accident . ACTUAL SIGNATURE Health ar **EXAMINER'S** Charles S. Petty, M.D. NAME (Type) 23o. BURIAL CREMATION. 23b. DATE THEREOF 50 REMOVAL (Specify) April 2, 1966

make william of rates

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03810 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Maryland Harford MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bel Air e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Box 118, RD #3 YES NO 4. DATE Last Month Doy Year COLDIRON 31 March 66 DEATH 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Manths Days October 19, 1964 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? HANGERD CO. MARY AND BEHY E. Fother Coldinon 17. INFORMANT (MOTHER) 838-6256 Address #3, Box# 118 Miss BEHYE, Coldinon BEI ATE MANIAURZIOIY INTERVAL BETWEEN ONSET AND DEATH Acute interstitial pneumonitis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES X NO 20b, DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part 1 or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street, affice bldg., etc.) 21. I certify that I taak charge of the remains described above, held an Autapsy 3. Inspection nauiry and in my apinian Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER 3/31/66 DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) BEI Air MEmorial GARDENS BEI fir Howford Co, Md. 21014 24. FUNERAL DIRECTOR W. Brondway & williams 84 256/ RESISTEMBLE SIGNAL PELLE JOSEPH WILLIAM FOSTER BET IFIT, MANIPARD 21014

DATE

VR A15ME (5)



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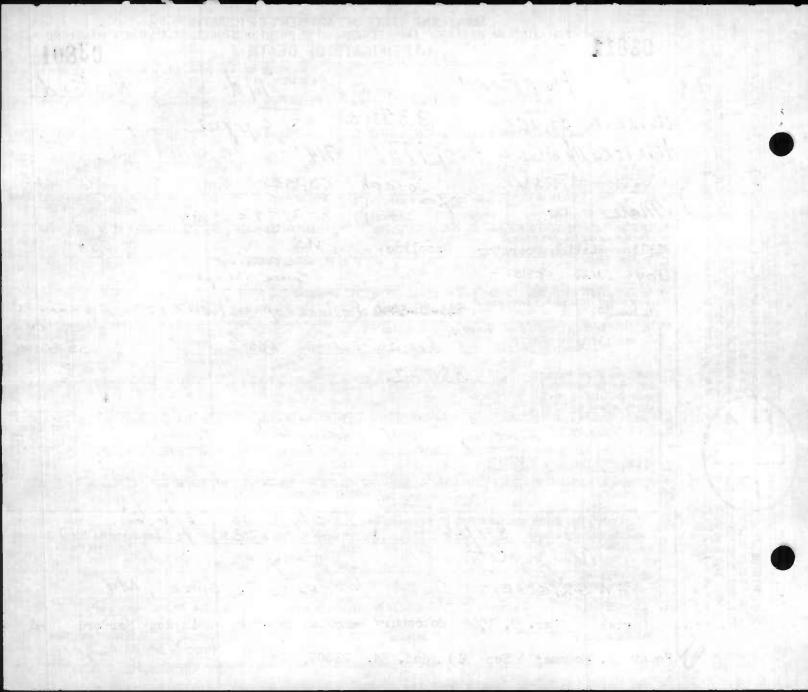
after a on papers. Pag within 72 hours remove carbi Ξ and removal. 0 cremation, been signed by the burial-transit or to burial, crema prior Health After this certifid be detached for State Dept. of H the retained 3 should with the S DIRECTOR: pe page . may O HOSPITAL TO FUNERAL director, p

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY\_ c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b write RURAL and give nearest town) -ded. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO-3. NAME OF Middle Last DATE Month Day Year DECEASED OF PSEY 3 1966 0 (Type or print) 105eph DEATH 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) | Months | 8-18-96 Days Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of workdone | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Mal Filling Station Operator Gasoline 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME COPSEY JOHN Wm Thompson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) Same 954 Chimmino 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Roues IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which gave rise to immediate DUE TO (a), stating underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATI PERFORMED? Purister Himorrhage YES T NO X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While While p.m at work at work 21. I certify that (I) (this hospital) attended the deceased from 196 6 - 19 and that death occurred at 733 M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED PHYS. DIRECTOR PHYS 22c. PHYSICIAN'S 22d. ADDRESS GOLEI BURIAL, CREMATION, LOCATION (City, town or county) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. (State) REMOVAL (Specify) Cokesbury Memorial Mar. Cemetery Buria Abingdon Harford Md FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE McComas & Son Abingdon. Md.

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 20M 1/65

Page !



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

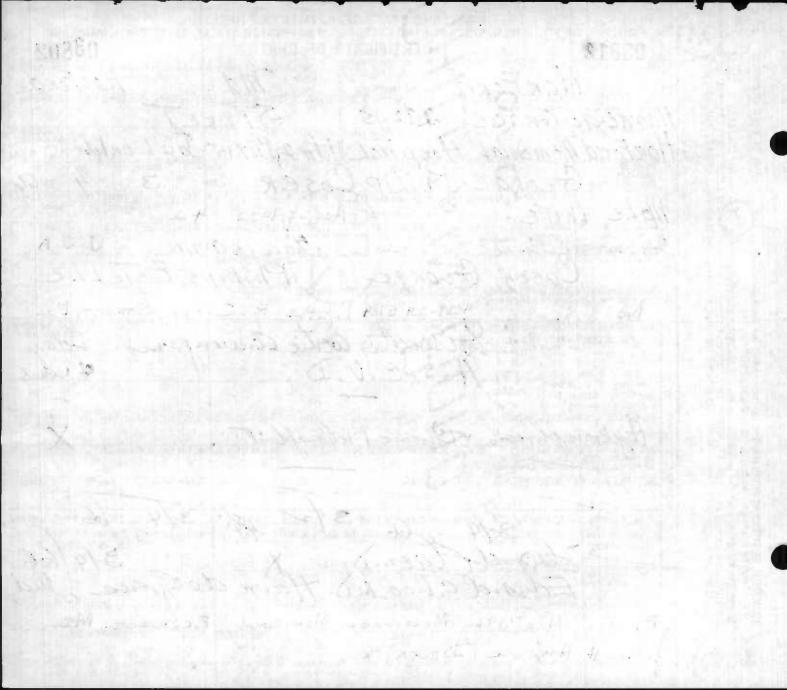
Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please ventove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR AI5 (4) 20M 1/65

			MARYLAND ST					
DIV	ISION	OF STATISTICAL	RESEARCH AND	RECORDS,	301 W. PRESTON	STREET,	BALTIMORE '	1, MARYLAND
	212				OF DEATH			0380

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	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY
	DOLLY OF TOWN (15 TO RO) MARYLAND	Ma Mariora
	b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS O d e. IS RESIDENCE
	Host and Menungal How Tal	Reta 2 Bayun Out OR Rel ON A FARM?
	3. NAME OF FIRST WINDING	Last   4. DATE Month Day Year
	(Type or print) GEORGE Philip (	-05 CR DEATH 3 4 1966
	6. COLOR OR RACE MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years   IFUNDER 1 YEAR   IFUNDER 24 HRS.
	MALE WHITE WIDOWED DIVORCED	106,25, 1923 42 yrs.
	10a/USUAL OCCUPATION (Give kind of workdone   10b. KIND OF BUSINESS OR during most of working life even if retired)   INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY2
į	13. FATHER'S NAME	Louisana VisiAi
	13. PATHER'S NAME ( ) COP GEODES	14. MOTHER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address
	(Yes, no or unkown) (If yes give war or dates of service)	D T S M
	18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c),]	TYRTLE R. COSER, STREET, Ma.
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
H	145/X DUE TO DUE TO	cont concert, my com
í	Conditions, If any, which ) (b)	D. 4 years
	gave rise to immediate cause (a), stating the DUE TO	
	underlying cause last. (c)	
	PART.II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA  **TYPE TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA  **TYPE TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE SIGNIFICANT CONTRIBUTIONS CONTRIBUTI	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY REFERENCE?
-	E Tyteroughurosis + Chronie ye	Novephilis YES NO
	208. ACCIDENT WAS UNDERLYING TO COUTE OF COUTE O	RRED. (Enter nature of Injury in Part I or Part II of Item 18.)
		CE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
		ce OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, effice bldg., etc.)
	21. I certify that (I) (this hospital) attended the deceased from	19 66 to 3/4 19 6 that (1) (we) last
	2/11	death occurred at IPM, from the causes and on the date stated above.
	22a. SIGNATURE	ATTENDING MED. STAFF
-	- SUNCIONAL CENTER OF OUT ON DA.D	PHYS. DIRECTOR PHYS. 1 974 96
	22c. PHYSICIAN'S NAME (Type) Edward C. Loo MI	Have de Grace hid
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
	DURIAL MAR, 7,1966 MEADOWRIDE	MEMORIAL ELKRIDEE, MD.
	FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	John H. Hadema, DELTA, PA.	DATE R 7 1966 Charles Inde
	1	W // (/



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HEALTH DEPT.

The State Department of 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and Example the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page This certificate should be executed within 24 hours after deoth. TO DEPUTY MESTAL EXAMINER: VR A15ME (5) 6M 1/66 MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH PRESTON STREET, BALTIMORE, MARYLAND 21201

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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	1. PLACE OF DEATH 0. COUNTY				2. USUAL RESIDENCE	(Where deceosed liv	ved, if institution: Resid	ence before odmission)	
		Ha	rford		MARYLAND	Mar	yland	I	Harford
		<ul> <li>b. CITY OR TOWN ( write RURAL on</li> </ul>	f outside corporate limi give nearest town)	ts,	c. LENGTH OF STAY IN 1b	11		nits, write RURAL and g	ive neorest town)
	_	На	vre de Grad	ce			re de Gr	ace	12-1
			AL OR INSTITUTION (If n		ive street oddress)	d. STREET ADDRESS	0. 1		e. IS RESIDENCE ON A FARM?
C	3. NAME OF DECEASED (Type or print) MARGARET					11	Stokes		YES NO Z
					Middle ELEANOR	CRESMER	4. DATE OF DEATH	Month March	22 19 66
	100	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE		R I YEAR   IF UNDER 24 HRS.
	F	ema1e	White	WIDOWED	DIVORCED	7/26/19		t birthdoy) Months	Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done during prostor working life, even if retired)  10b KIND OF BUSINESS OR II. BIRTIPLACE (State or foreign country) INDUSTRY							COUNTRY?		
	13.	FATHER'S NAME Burtras	n. I Dk	inle	and o	14. MOTHER'S MAIDEN		la	W. 2 / (.
			R IN U.S. ARMED FORCES? (If yes give wor or dotes	of convice)		INFORMANT Wesley Calley	138	D. Diffe	e Md
		PART I. DEA	ATH (Enter only one co H WAS CAUSED BY: IMMEDIATE CAUSE		(o), (b), ond (c).) Lve Subarachno	oid Hemorrha	ge		INTERVÁL BETWEEN ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate couse (a), (b) Rupture of Aneurysm of Right Middle Cerebral Artery.							
		stoting the under		(c)					
2	ATION	PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN	PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
	CERTIFICATION	200. EXTERNAL CA PRIMARY (1) or COI CAUSE OF DEATH.		20b. DE:	SCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in	Port I or Port II of	item 18.)	
	MEDICAL	20c. TIME OF INJU Hour o.n p.n	JRY Month, Doy, Yeor 1. 1.	20d. IN While of work	Not While for	ACE OF INJURY (Home, for ctory, street, office bldg., etc		y or town) (C	County) (Stote)
		21. I certif	that I took charg	e of the rem	noins described obove, h	eld on Autopsy X,	Inspection	, Inquiry .	ond in my opinion
		deoth result	ed from: Notur	ol couses X	Accident , Sui	icide, Homicide		ermined monner [	
4		ACTUAL SIGNATURE	U has	les 1 1	ein.		DICAL EXAMINER		22. DATE SIGNED
4		EXAMINER'S				DEPUTY MEDIC			3/22/66
		NAME (Type)	Charles S	S. Petty			et, city, town, or co	unty)	
)	2300	BURIAL CREMATIC REMOVAL (Specify		EREOF	23c NAME OF GEMETERY OR	REMATORY Man	23d. LOCATIO	Highy or Town)	(Stote)
/	24	PINERAL DIRECTO	1111	11	AODRESS	May 250. REC	D BY REGISTRAR	2Sb. REGISTRAR'S	SIGNATURE
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director have 3 should be detached for use as the hurrial transit permit. Then place a hundred for use as the hurrial transit permit.

M		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M.	ARYLAND
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funera and and eath	1.	PLACE OF DEATH a. ODUNTY   2. USUAL RESIDENCE (Where deceased lived, If Institution: Re a. STATE No. 2. D. COUNTY   2. STATE No. 2. D. COUNTY   3. STATE No. 2. D. COUNTY   4. D. COUNTY	sidence before admission)
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by the Pages urs after		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	and give nearest town)
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led led 72 l	1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
uted within 24 hours a completely filled in by ove carbon papers. Page y event, within 72 hours		HARFORD Memorial Hospital KD#1 Box 177	YES NO
within pletely arbon plus tit, within	3.	NAME OF First Middle Last   4. OATE Month	Oay Year
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and and and		MALE White WIDDWED DIVDRCED 3-11-66 yrs.	Days Hours Min.
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S. S. S. S.	1	HOUSINY HORFORD Md.	SA
physi n ple val,	13		9.77.
200		MARVIN DECKMAN BETTY SHIPLEY	
ath cerl attendin mit. Ti 1, or rem	1!	5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SDCIAL SECURITY ND.   17. INFORMANT	V 177
death ne atte permit ion, or	CA	es, no, or unkown) (If yes give war or dates of service)  MARUIN DECKMAN HAVEF de	COACE MY
of the death ion. d by the atter ransit permit. cremation, or		18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
by by em		PART I. DEATH WAS CAUSED BY:	DNSET AND DEATH
hat icial icial led I, ci		791 IMMEDIATE CAUSE (a)	
hys thys sign		Conditions, If any, which	
e bi o bi o		gave rise to Immediate (U)	0.3
or the		cause (a), stating the DUE TD underlying cause last.	
law re ittendi has b as th prior	NO	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	119. WAS AUTOPSY
al or al ficate or use Health	CATI		PERFORMED?
Z	CERTIFICATION	20a. ACCIOENT WAS UNDERLYING 20b. DESCRIBE HDW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	TES NO
SICIAI hospii cert ched pt. of		20a. ACCIOENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HDW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)	
this this De	ICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY DCCURRED   20e. PLACE DF INJURY (Home, farm,   20f. (City or town)   Hour a m.   (10th left)   (10th	ity) (State)
by the parties of the	MEDI	Hour a.m. While Not While at work at work at work	
Af Af		21. I certify that (I) (this hospital) attended the deceased from 3-11, 1966, to 3-11, 1966	that (I) (we) last
tain hou h th		saw the deceased alive on March 11 19 66, and that death occurred at 2:3 M from the causes and on the	
OR ATTI be reta DIRECTO ge 3 sho led with		OO CICHATING	TE SIGNEO
		M.D. ATTENDING MED. STAFF 22b. OA PHYS. DIRECTOR PHYS. 3-/	1-66
RAL I		22c. PHYSICIAN'S 4	21 1
Page 4 may O FUNERAL director, pc should be fi	_	NAME (TYPE) CUNTHER D. HIRSCH 1315 UNION AV. HAVRE DECK	ACE Med
O HOSP Page 4 O FUNEI director should i	23	OREMOVAL (Specify)	nty) (State)
= = 0		BURIAL 3/11/66 MAGEL HILL HAVRE CE GER	
O.	24		SIGNATURE
VR AIS (4) 20M 1/65		Tennington to Have ly brace DAMAR IS 1966 fillante	Judge.
20111 1/03	6	-196894	0

MARYLAND STATE DEPARTMENT OF HEALTH

Contract Con The state of the second st Charles of the league to be a second The second secon and the state of t State I was List W. W. Committee of the 

## DIVISION OF STATIST CEDTICICATE OF DEATH

MARYLAND	STATE DEP	ARTMENT OF	HEALTH
ICAL RESEARCH AN	ND RECORDS, 3	01 W. PRESTON	STREET, BALTIMORE 1, MARYLAND
CEL	PTIEICATE	OF DEATH	02000

	CIOCLA	CERTIFICATE	or DEATH		19809
1	. PLACE OF DEATH	// //12	. USUAL RESIDENCE (Where	decessed lived, If Institution: Resid	ignce before edmission)
1	a, COUNTY	anneward	STATE	b. COUNTY	
	Handud !!	MARYLAND	Marshan	1 Houge	201
1	b. CITY OR TOWN (if outside corporata limits, write RURAL and give people town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co	orporete limits, write RURAL and gl	ve neerest town)
-	The said of the state of the	35-412	The delication	1,-11-	10000
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	23 M	d. STREET ADDRESS		e. IS RESIDENCE
	a. WARE OF HOSPITAL OR HASHIOTOR (IF HOP IN HOSP	itiet, give street/address)	d. SIKEEI ADDKESS		ON A FARM?
			116 Heaver		YES NO
7	3. NAME OF Pirst	/Middle /	Last 4. DAT	Month, D	ey Yeer
	(Type or print)	7 .11.	OF DEA:	ms 3/c/1/	40
-	Josevine a	Tione	DEA	3/8/66	19
- 1	5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED B. D	ATE OF BIRTH	9. AGE (In years   IF UNDER 1 YEA	
4	male White WIDOWED	DIVORCED TO	x.17-1896	last birthdey) Months Day	s Hours Min.
-					LOE WHAT COUNTRY
	done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State,	or foreign country) 12. CITIZEN	OF WHAT COUNTRY?
	Cletried tam	non 4.0: J.	Maurian	1 10.5	1. A.
1	13. FATHER'S NAME	14	. MOTHER'S MAIDEN NAME	-	
	0, 4.11.		110/2	01	
	ungrew Tisher		Hanna Va	eavou	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S (Yes, no, or unkown)   (Hyasgivewerordetesofservice)	OCIAL SECURITY NO. 17. INF	ORMANT	Address	12
	unds.	· lb - · Mar	and C Leather	ill search	in had
-	18. CAUSE OF DEATH [Enter only one cause per lin	on for (a) (b) and (a) )	of a present	There are	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	(0), (0), (0),	?		ONSET AND DEATH
	IMMEDIATE CAUSE (a)	Entrale led (	overwate	· ses	1 multis
	180X DUE TO	1	, .	.1	
	1	- 1	D+1 KI	e tree	1 4-
	Conditions, if eny, which gave rise to immediate ceuse	remarks of	11 1 000	- Comment of the comm	6 malos
-	(e), steting the underlying DUE TO	0		/	
П	ceuse lest. (c)				
	(4)	RIBUTING TO DEATH BUT NOT P	ELATED TO THE TERMINAL DISEAS	SE CONDITION GIVEN IN PART 1/a	19. WAS AUTOPSY
	PARTIL OTTER SIGNATURANT CONDITIONS CONT	TRIBOTING TO DEATH BOT NOT K	LEATED TO THE TERMINAL DISEAS	TE CONDITION GIVEN IN FAKE I(6)	PERFORMED?
	3				YES NO
	200. ACCIDENT WAS UNDERLYING   20b. DESC	CRIBE HOW INJURY OCCURRED.	Enter neture of injury in Pert I or P	ert II of item 18.)	
1	PART II. OTHER SIGNIFICANT CONDITIONS CONT  200. ACCIDENT WAS UNDERLYING  200. ACCIDENT WAS UNDE				
- 1					
3			OF INJURY (Home, farm, 20f. (C)	City or town) (County)	(State)
1	Hour e.m. While		sites, cince bidg., etc.)		
			- 1 de calala	2,15.1	
	21. I certify that (I) (this hospital) attend		1904	19 m	, that (I) (we) last
	saw the deceased alive on hack &	19 le.c., and that de	ath occurred at 145 M, fre	om the causes and on the	date stated above.
	22a. SIGNATURE				22b. DATE
	6 Amor		ATTENDING MED. PHYS. DIRECTOR	STAFF PHYS.	2/9// SIGNED
	0 9-10	M.D.		□ гпіз. □	1/100
	22c. PHYSICIAN'S NAME (Type) I T	1 . 1 .	22d. ADDRESS	2, - 8	" had
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	101	March oll		
3	23a. BURIAL CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY / 23d. LC	CATION (City, town or county)	(Stete)
	REMOVAL (Specify)	16. 1. 1 M.	01/1	1.0.1 - MAN	1
	3/11/66	1 souther 11m	your condes a	cellino Ma	
1	14 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY REG	SISTRAR 256. REGISTRAR'S SIGN	NATURE
Y	Lammitell Un House	de Mare Mr	MAR 15	1966 Charles	udge.
15	The state of the state of	7710		1	-0

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please to prove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 20M S-63

24, Series of the test of the series of the seri

Item 20b &21 Film G3 MARYEAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH stely filled in by the funeral bon papers. Pages 1 and 2 within 72 hours after death. hours after death. PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. CDUNTY b. COUNTY Harford Harford MARYLAND b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)
Aberdeen PG, c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH DF STAY IN 1b Edgewood Arsenal d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS Btry. 4th Msl Bn. 1st Arty Kirk Army Hospital completely executed within carbon NAME DE First Middle Lest DATE Month DECEASED DF DEATH ELTON event. March (Type or print) 6. CDLDR DR RACE DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS 7. MARRIED NEVER MARRIED KX remove last birthday) | Months | Davs any Male May 1945 DIVDRCED T E. 10a. USUAL DCCUPATION (Give kind of work done I 12. CITIZEN DF WHAT 10b. KIND DF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) physician lease and ir during most of working life, even if retired) INDUSTRY COUNTRY? Johnson Co. N.C. Soldier Army death certificate 0 removal 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME attending ph Ralph Fove Annie Ruth Atkinson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT the atten 0 (Yes, no. or unkown) (If yes nive war or dates of service) been signed by the atters the burial-transit permit or to burial, cremation, or Service and Health Records Mar 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] requires that the PART I. DEATH WAS CAUSED BY: Gunshot Wound of Chest or attending physician. IMMEDIATE CAUSE (a) DUE TD Conditions, if eny, which (b) gave rise to immediate DUE TD cause (a), stating as th underlying ceuse last After this certificate has d be detached for use as State Dept. of Health prior PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATI Gunshot Undetermined Page 4 may be retained by the hospital 2Da. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (Clty or town) (County) factory, street, office bldg., etc.) Hour XaXiX Not While Edgewood, Harford, Md. Guard House at work at work FUNERAL DIRECTOR: A director, page 3 should should be filed with the 70 the 21. I certify that (I) This Nosbitall attended the deceased from \_19 66 , and that death occurred at 220pm, from the causes and on the date stated above. saw the deceased alive on Mar SIGNATURB 22b. DATE SIGNED 22a. ATTENDING STAFF PHYS. 28 March 1966 M.D. PHYS. DIRECTOR PHYSICIAN'S ADDRESS director, p 22d. STEINFELD, Capt, MC Kirk AH. Aberdeen PG. Md. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME DF CEMETERY OR CREMATORY 23d. LDCATIDN (City, town or county) REMDVAL (Specify) 2 Mar. 30 .7064 Smithfield 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR VR A15 (4)

e. IS RESIDENCE DN A FARM?

Year

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTDPSY PERFORMED?

NO F

(State)

(State)

YES X

Day

NO A

66

15M 4-64

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any eyeut, within 72 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1.	PLACE OF DEATH a, COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Ro	esidence before admission)
	Hackerd MARYLAND	a. STATE b. COUNTY	princed
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give pearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
1	Aure de GCACE 6 days	Aberdeen	101
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
E	lartord Memorial Hosp.	RDI BOX 35 Chapel	ON A FARM?
3.	NAME OF DECEASED Charles Washington (Type or print)	Last 4. DATE Month	Day Year 25 19 66
5.		B. DATE OF BIRTH   9. AGE (In years   IF UNDER :	
(	MALE NEGLO WIDOWED OIVORCED	29 Mar. 1000   85 yrs.	Oays Hours Min.
du du	a. USUAL DCCUPATION (Give kind of work done libb. KIND DF BUSINESS DR ling most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. Cl	TIZEN OF WHAT UNTRY?
	Bldg. Custodian Auto-Garage	Harford Co., Maryland	S.A.
13	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
_	John Wesley Grinage	Mary Elizabeth Lewis	
(Y	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. es, no, or unkown) (If yes give war or dates of service)	INFORMANT Address	
_	No   413-09-4973   FR	Lee Grinage, same as	2 c&d
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		OHOLI AND DEATH
	33/X DUE TO A !		
	Conditions, If any, which gave rise to immediate (b) Arteriosi (21784)	13	
	cause (a), stating the DUE TO		
Z	underlying cause last. (c)		
110	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED?
FICA			YES NO
CERTIFICATION	20b. DESCRIBE HOW INJURY OCCUI DR CONTRIBUTING □ CAUSE DF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of Item 18.)	
CAL	20c. TIME DF INJURY Month, Day, Year   2Dd. INJURY DCCURRED   20e. PLAC	CE OF INJURY (Home, farm,   20f. (City or town) (Cour	nty) (State)
MEDICAL	Hour a.m. While Not While factor	ry, street, office bldg., etc.)	
	21. I certify that (I) (this hospital) attended the deceased from M	larch 19, 1966, to March 25, 1961	that (I) (we) last
	saw the deceased alive on Narch 25 1966, and that	death occurred at 132M, from the causes and on th	
	22a. SIGNATURE		TE SIGNED
	M.O.	. PHYS. DIRECTOR PHYS.	5-66
	22c. PHYSICIAN'S NAME (Type) OUNTHER D. HIRSCH	22d. ADORESS Havre de Grace, Maryl	and
23	DEMOVAL (Charley)	OR CREMATORY   23d. LOCATION (City, town or cou	nty) (State)
	Burial  20 Mar. 00   Mt. Calvary	Cemetery Aberdeen, Mar	ylahd
24	FUNERAL DIRECTOR / Tarring APPRESET AL H	ome   25a. REC'D BY REGISTRAR   25b. REGISTRAR'S	SIGNATURE
te	Elsly Wateruha St. Aberdeen, Maryla	and OATMAR 29 1966 golland	20 Judge

VR AIS 1/65

X42834 Hard Bound House de Grace Codays Aberdecel Hurbard Memorial Hosp Kist Box 35 Chappel Rd Charles Washington Goodge Winich as in Wester Nester The comment of the co Section 20 Telland 640 BECART DULL, AREA SETTING AS THE SEE March 25 by Pl Abrahl de Pharch 25 draft AND THE PROPERTY OF THE PARTY O

FOR STATE

cessary, the funeral 5 may be **DEPUTY MEI**EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execute, are certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page retained for your files.

HEALTH DEPT.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. 0

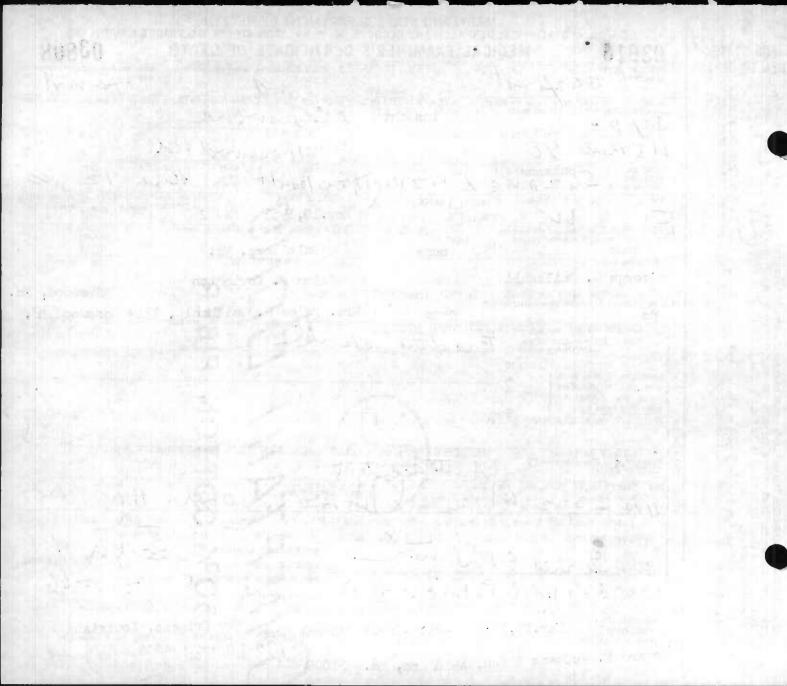
TO DEPUTY MEI VR ALSME (5)

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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09010	MEDIC	AL ENAMINER O	OLKIII IOATE C	// PEATH	00000	
1. PLACE OF DEATH a. COUNTY	Harful	MARYLAND	2. USUAL RESIDENCE (W a. STATE	here deceased lived, If institution b. COUNTY	Residence before admission)	
b. CITY OR TOW	N (if outside corporate limits		c. CITY OR TOWN (If buts!	de corporete limits, write RU	RAL and give nearest town)	
JOP 13	end give nearest town)	instant	Elsewa	w/	12-1	
	7	In hospital, give street address)	d. STREET ADDRESS	0 .	e. IS RESIDENCE ON A FARM?	
USRO	70		2314 Roser	vid Rd.	YES NO X	
3. NAME OF DECEASED (Type or print)	Suzannelist N	Elizibell	Guilbault.	DEATH March	/ 2 19 GG	
5. SEX	6. COLOR OR RACE 7. MAR WIDO	RIED NEVER MARRIED WED DIVORCED	8. DATE OF BIRTH NOV.10,1963	9. AGE (In years IF UNI last birthdey) Month 2 yrs.	DER 1 YEAR   IF UNDER 24 HRS  18   Days   Hours   Min.	
during most of work	ION (Give kind of work done Ing life, even if retired)	Ob. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of		COUNTRY?	
none	F	none	Baltimore,	Md.	USA	
	G. Guilbault					
0	EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.   17.	Palma M. Cov	Address	Edgewood, Mo	
(Yes, no, or unkown)	(If yes give war or dates of service)					
no	DEATH CENTS ON THE STATE OF THE		irs. Palma M. G	ullbault, 2314	Rosewood Rd.	
	DEATH [Enter only one cause TATH WAS CAUSED BY:	per line for (a), (b), end (c).	bull		ONSET AND DEATH	
100-	IMMEDIATE CAUSE (0)	rance of	-			
Conditions, If	DUE TO					
gave rise to	Immediate					
cause (e), si underlying ceus	a land					
		TRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART	(a) 19. WAS AUTOPSY	
SATIC					YES NO	
PART II. OTHER S  20a. EXTERNAL PRIMARY FO OF CAUSE OF DEAT	CONTRIBUTING   20	A NO accide	URRED. (Enter nature of Injui	y In Part 1 or Part II of Item	18.)	
	INJURY Month, Day, Year   2	od. INJURY OCCURRED   20e. PL	ACE OF INJURY (Home, farm,	20f. (City or town)	(County) (State)	
20c. TIME OF Hour a.r	m- 3 /2 19 et	work et work	5 Pente 40	Juffen H	a Mi	
21. I certify	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion					
death result	death resulted from: Natural causes , Accident X, Suicide , Homicide , Undetermined manner					
4071141	MINER 130/	22. DATE SIGNED				
SIGNATURE	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER					
EXAMINER'S (AND AND AND AND AND AND AND AND AND AND	erald CF	almes-n	Address (Street, city	70 5	-22-66	
23a. BURIAL, CREN	ATION, 23b. DATE THEREON	23c. NAME OF CEMETER	Y OR CREMATORY 2	3d. LOCATION (City, town or	county) (State)	
REMOVAL (Specify) Removal Mar. 13, 1966 Leitz-Fagan Funeral Home New Orleans, Louisiana ADDRESS ADDRESS 256, REC'D BY REGISTRAR   250. REGISTR						
24. FUNERAL DIRE		ADDRESS	25a, REC'D B	KEGISTRAR 25D. REGISTI	RAR'S SIGNATURE	
noward K.	McComas & Son	Abingdon, Md.	27000 DATE AN 1	0 1330 /	rely judge	



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please reprove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
03819 - CERTIFICATE OF DEATH

- 3		00020		7.000			
1	1. P	PLACE OF DEATH a. COUNTY  HARE	2. USUAL RESIDENCE (Where deceased lived, If institution: Rea. STATE AND STATE b. COUNTY	esidence before admission)			
1	b	D. CITY OR TOWN (If outside corporate limits,   S. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)			
	A	write RURAL and give nearest town)	HAVREDE BRAD	-11-1			
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE			
	4	IRK ARMY HOSPITAL	615 CHAPEL TERRA	ON A FARM? YES NO			
	E	NAME OF First Middle DECEASED	Last 4. DATE Month OF	Day Year			
1	5. \$	Type or print) JLFKED FROY HA	DEATH // DEATH / DEATH   9. AGE (In years   IFUNDER	5 1966			
1	5. 3	M C All WIDOWED DIVORCED	ast birthday) Months	Days Hours Min.			
	10a. l	USUAL OCCUPATION (Give kind of work done   10b, KIND OF BUSINESS OR	121. BIRTHPLACE (County & State, or foreign country)   12. C1	TIZEN OF WHAT			
	durin	ANILITARY  RETURED NONE	RIAUNILADO MICIL	UNTRY? U.S.A			
	13.	FATHER'S NAME THE PARE	MOTHER'S MAIDEN NAME				
	7	HUMAS HANSEN	EBRHART, METI	LDA			
		5. WAS DECEASED EVER TN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address  Address					
	X	IES 475=841 12NOV45-370-18-9478 M	RS ALFRED L HANSEN SAME	AS 2.			
		18. CAUSE OF DEATH (Enter only one cause der line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH			
		IMMEDIATE CAUSE (a) LE 1 CO l'AL VUS EU IGI	r Occ/usión	2 days			
		Conditions if any which i	Tura				
		Conditions, if any, which gave rise to immediate (b) UNKNOWN CU	W.C.				
		cause (a), stating the DUE TO underlying cause last. (c)					
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?			
1	ICAT	1. Kight lower lobe pneumonia	2. Severe rheumatord ait	AYES NO D			
	CERTIFICATION		RRED. (Enter nature of Injury In Part I or Part II of Item 18.	) 773			
			CE OF INJURY (Home, farm,   20f. (City or town) (Cou	nty) (State)			
	MEDICAL		CE OF INJURY (Home, farm, ry, street, office bldg., etc.)	iity) (State)			
	× -	p.m. 19   at work   at work	1 Milled to sold on 5 Williams 20/2	Co that III food last			
		21. I certify that (I) (this hospital) attended the deceased from 4 saw the deceased alive on 1960, and that	t death occurred at Q M, from the causes and on the	that (I) (we) last			
		22a. SPANJURE 22b. DATE SIGNED					
		Harold Hilloff May Mind		March 66			
-		22c. PHYSICIAN'S NAME (Type) ARROLD CULTURE AFFER	22d. ADDRESS ARMY HOSP, Abero	laan P.G. My			
H	23a.	BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or cou	inty) (State)			
		BURIAL MAR. 9,1966 arling ton Mar.	dional Cem. ARLINGTON,	VA.			
	24.	EUNERAL DIRECTOR ADDRESS ADDRESS	Md 25a. REC'D BY REGISTRAR 25b. REGISTRAR	S SIGNATURE			
	11	. Hadrey Whitell Haved de	ace DMAR 9 1956 Scharle	Judge			

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funer shool 1. PLACE OF DEATH 2. USUAL RESIDENCE Where deceased lived, If Institution: Raydence before edmission) COUNTY b. COUNTY hours the day MARYLEND death. DOWN (If outside corporate limits, write RURAL and give nearest town) and b. CITY OR OWN (if outside corporate limits. LENGTH OF STAY IN 16 þ write RURAL and give neasest (wn) 8 2 Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS a. IS RESIDENCE hours ON A FARM? YES NO T completely papers. 3. NAME OF Middla First Last 4. DATE Day Year DECEASED OF DEATH (Typa or print) = 19 carbon event, withi 5. SEX 6. COLOR OR RACE 7. MARRIED TREVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. and last birthday) Months Days Min. Hours WIDOWED DIVORCED physician remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND, OF BUSINESS OR INDUSTRY /11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, avan if retired) any please FATHER'S NAME MOTHER'S MAIDEN NAME .5 ding and aftend Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give we rordates of sarvice) that the physician. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c). INTERVAL BETWEEN been signed by ONSET AND DEATH 0 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sudle cremation, burial-transit DUE TO affending Conditions, if any, which gave rise to immediate cause **DUE TO** burial, (a), stating the underlying may be retained by the hospital or att DIRECTOR: After this certificate has should be detached for use as the bu cause last. PHYSICIAN: PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY CERTIFICATION 30 PERFORMED? YES NO prior 20a. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED. (Entar natura of injury in Part I or Part II of Itam 18.) OR CONTRIBUTING [] CAUSE OF DEATH Health (IF EITHER, NOTIFY MEDICAL EXAMINER) ATTENDING be retained by 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, ! 20c. TIME OF INJURY Month, Day, Yaar 20f. (City or town) (County) (Stete) factory, streat, office bldg., etc.) While ō Hour a.m. Not While at work at work D.m Dept. 19. (9) (hat (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from. State LP.M. from the causes and on the date stated above. saw the deceased alive on... 22a. SIGNATURE DATE ATTENDING SIGNED 3 death. Page 4 PHYS. DIRECTOR PHYS. M.D. HOSPITAL ector, page filed with the 22c. PHYSICIAN'S ADDRESS 22d. NAME (Typa) 23a BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, to) (State) REMOVAL (Specify) 0 5 2 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S VR A1S (4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1		03821	CERTIFICATI	E OF DEATH		11860
		PLACE OF DEATH a. COUNTY Harford	MARYLANO	2. USUAL RESIDENCE (Where dec a. STATE Maryland		esidence before admission) rford
		b. CITY OR TOWN (if outside corporate write RURAL and give nearest town)  Bel Air	47 years	c. CITY OR TOWN (If outside cor	porate limits, write RURAL	and give nearest town)
		d. NAME OF HOSPITAL OR INSTITUTION	(if not in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
0	_	62 East Broadway		62 East Bro		YES ND
		NAME OF First DECEASED (Type or print)  Jame:	B Henry Kehoe	Last 4. DATE DF DEATH		Day Year 19 66
1	5.	6. COLOR OR RACE 7.	MARKIED IN MEACH MARKIED	9. OATE OF BIRTH 9.	O yrs.	Days Hours Min.
1	dur	u.USUAL OCCUPATION (Give kind of work doing most of working life, even If retired)  Sales Agent	10b. KIND OF BUSINESS OR INDUSTRY Oil Company	11. BIRTHPLACE (County & State,  Baltimore City,	CO	TIZEN OF WHAT UNTRY?
	13.	James Henry Ke		14. MOTHER'S MAIDEN NAME Marie A. G		
		. WAS DECEASED EVER IN U.S. ARMED FORCE is, no, or unkown) (If yes give war or dates of se	ryice)	INFORMANT (W110)838-5 . Ethel M. Kehoe	SC D D DY ON	dwa y d. 21014
		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  CAUSE DF OEATH (Entor only one of the cause (b)  DUE TO  (b)  DUE TO  (c)	Arterioscler	tie ev Dr.	reuse	INTERVAL BETWEEN ONSET AND DEATH
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS				19. WAS AUTOPSY PERFORMED? YES ND ND
		20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINE	2Db. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injury in Pa	ort i or Part II of Item 18.	)
	MEDICAL	2Dc. TIME OF INJURY Month, Day, Ye. Hour a.m. p.m. 19	ar   2Dd. INJURY OCCURRED   2De. PLAC While   Not While   factor at work   at work	CE OF INJURY (Home, farm, 2Df. ry, street, office bldg., etc.)	(City or town) (Cou	nty) (State)
		21. I certify that (i) (this hospits saw the deceased alive pn 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) Gerald	al) attended the deceased from 1966, and that  M.D.  C. Palmer, M.D.	death occurred at BP M, from MED.  ATTENDING DIRECTOR DIRECTOR S. Main St., Be	om the causes and on the staff Phys. Marc	h 24,1966
	23a	BURIAL CREMATION, 23b. DATE THI REMOVAL (Specify) Burial March 26	ereof 23c. NAME OF CEMETERY 1966 Mt. Zion Met.	OR CREMATORY 23d. LO	cation (city, town or cou	inty) (State)

VR AIS (4) 20M 1/65

Joseph William Foster

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10			301 W. PRESTON STREET, BALTIMORE, MARYLAND 21	201
FOR STATE	-	03822 MEDICAL EXAMINER'S	S CERTIFICATE OF DEATH	03812
HEALTH DEPT.	T.	PLACE OF DEATH  COUNTY Harfurd  MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Reside o. STATE b. COUNTY	ence before odmission)
leoth. If any deloy is Poges 1, 2, and 3 to with form PM3. Page 5 state Department of 72 hours after death.		D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  3 Week	c. CITY OR TOWN (If autside corporate limits, write RURAL and gi	ve neorest tawn)
ony 1, 2, 0 peport		I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
th. If a boges 1, h form tote De hours	1	tarford convalescent one	Lost 4. DATE Month	YES NO NO
n = _ e o		Type or print) Stephen M Kes	OF DEATH March	4, 19 66
W Wil	S.	6. COLOR OR PACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH  10-23-84  9. AGE (In yeors IF UNDER last birthdoy)  Months  Yrs.	N YEAR IF UNDER 24 HRS. Doys Hours Min.
hou litem Office	10o duri	USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY  Carpenter  Construction		ITIZEN OF WHAT
J within 24 n pencil in Exominer's File pages and in ony		FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
with the land and and	15.	John Kerr  WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Ellen Dady INFORMANT (Niece) 452-5033 Address	
executed in Medical E permit. Femoval, c	(Ye			Maryland
s certificate should be executed e, writing the word "pending" if forworded to the Chief Medical used os o burial-transit permit.		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART 1. DEATH WAS CAUSED BY:  AMMEDIATE CAUSE (a)	42-11-11	INTERVAL BETWEEN ONSET AND DEATH
should be e te word "per o the Chief I burial-transit motion, or re		2/2 4 DUE TO		
ote should g the word ed to the C o burial-tr cremotion,		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse DUE TO		
certificate, writing the orworded to used os o buriol, cren		kast. (c)		LIO INAC AUTORCY
his certification of the control of the certification of the certificati	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)	19. WAS AUTOPSY PERFORMED? YES NO
	CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED  A uto occuden	D. (Enter nature of injury in Port I or Port II of item JB.)	0
S = S = S	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. Pl	LACE OF INJURY (Home, form, 20f. (City or town) (Co	ounty) (State)
EXAL Super dage 4 Super dage 6 Super dage	W	21. I certify that I taak charge of the remains described above, the	in the ct De the 1109	nd M
exector. Programme of the control of			held an Autapsy [], Inspection [2], Inquiry [2], vicide [], Undetermined manner [	and in my apinia
pleose e pleose e retained L DIRECT its design		ACTUAL SIGNATURE LEVES (C. Palmer	M.D. ASSISTANT MEDICAL EXAMINER BEACH	22. DATE SIGNED
		EXAMINER'S NAME (Type) GERVICE PRIMEY VIV	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	Cowes 66
necessory, the funers 5 may be 0 FUNERA Health or	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	R CREMATORY 23d. LOCATION (City or Town)	(County) (Stote)
	24	FUNERAL DIRECTOR  W. BroadwayougessWillie	Hickory, Harf. Co	
VR A15ME (5)	0	graph william foster Bel Air, Maryland 2:	1014 DAMAR 7 1966 IChan	1 1
	J	oseph William Foster		0 0

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

						0 20
		PLACE OF DEATH	THE RESIDENCE OF THE PARTY.	2. USUAL RESIDENCE (Where d	eceased lived, If institution:	Residence before admission
		Hartord	MARYLAND	Md		lartord
		<ul> <li>CITY OR TOWN (if outside corporate li write RURAL and give nearest town)</li> </ul>	imits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside co	rporate limits, write RURA	L and give nearest town
	H	avre de Grace	11 days	JODDA		12-1
,	11	d. NAME OF HOSPITAL OR INSTITUTION (	if not in nospital, give street aggress)	d. STREET ADORES	1: 111	e. IS RESIDENCE ON A FARM?
1	上	lartord Miemo	rial Hospita	1100x 11 - 1411	aski Han	WY YES NO X
		NAME OF DECEASED (Type or print)	N John	Klein 4. DATE OF DEAT	March C	Oay Year
	5.	6. COLOR OR RACE 7.	MARRIEO NEVER MARRIED		AGE (In years   IFUNOE       Iast birthday)   Months	R 1 YEAR IF UNDER 24 HRS
ſ	1,	1,316. 100 111 1631	WIDOWED OIVORCEO	Jan. 11,1911	55 yrs.	
6	duri	. USUAL OCCUPATION (Give kind of work doning most of working life, even if retired) Proprietor	10b. KIND OF BUSINESS OR INOUSTRY	11. BIRTHPLACE (County & State	e, or foreign country)   12. (	CITIZEN OF WHAT
Я	_		Restaurant	Baltimore.	Md.	USA
	13.	John Klein		14. MOTHER'S MAIDEN NAME Antoinette Ge	rst	
H	15. (Ye)	WAS OECEASED EVER IN U.S. ARMED FORCE s, no, or unkown)   (If yes give war or dates of ser	ES?   16. SOCIAL SECURITY NO.   17.	INFORMANT	Address	
	(163	Yes WW II	215-10-6919 Jo	seph Cuilla, 701	Pulaski Highw	ay, Joppa Md.
		18. CAUSE OF DEATH [Enter only one ca	ause per line for (a), (b), and (c).]	1 100 11.0	0/1	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a).	Unlerior (	rujocarteal	ontarelion	11 days
		4201 DUE TO	1 1 //		l'	11 day
		conditions, if any, which any (b).	Coronary le	cromboses		11 cours
	-	cause (a), stating the underlying cause last. OUE TO	Arteriosclon	tic Cardiov	ascular Di	seese?
1	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT REL	ATEO TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a	19. WAS AUTOPSY PERFORMED?
	CERTIF	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER		URREO. (Enter nature of Injury In	Part I or Part II of Item 1	8.)
	CAL	20c. TIME OF INJURY Month, Oay, Yea			(City or town) (Co	ounty) (State)
	MEDICAL	Hour a.m.	While Not While at work	ory, street, office bldg., etc.)		
		21. I certify that (I) (this hospita	al) attended the deceased from	ebruary271966, to	MArch 9 , 19	o, that (I) (we) las
		out the accompan alles on	arch 9 1900, and tha	at death occurred at 3 A.M. 1	from the causes and on	
-		22a. SIGNATURE	Tropus M.	O. PHYS. MEO. OIRECTOR	STAFF -	DATE SIGNED S
		22c. PHYSIGIAN'S NAME (Type) Falury	de Loo, Mil	22d. ADDRESS avre	de Grac	e, hid.
	23a.	. BURIAL, CREMATION, 23b. DATE THE REMOVAL (Specify)			LOCATION (CIty/ town or co	
		Burial Mar. 12	1966   New Cathedral	- 0011200023	altimore	Md.
	24.		AOORESS	25a REC'D BY REC	SISTRAR 25b. REGISTRAL	R'S SIGNATURE
1		Howard K. McComas &	Son Abingdon, Md.	21009 DATE	1000 Junary	y judge

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0382	4		CERTIF	ICATE	OF DEATH				_1)	3814
	CE OF DEATH OUNTY Ha:	rford		MARY	LAND	o. STATE Mary:		ved, if instituti b. COUN	ion: Residen	ce before	odmission)
b. C	ITY OR TOWN (I	f outside corporate limit	s,	c. LENGTH OF STAY IN	V 1b	c. CITY OR TOWN (If ou	tside corporote li	mits, write RUF	AL and give	a nearest	town)
		give nearest town)		2 Days		Bel Air				12	-1
		AL OR INSTITUTION (If no y Hospital	ot in hospitol, g	give street address)		d. street address	on St			10	B. IS RESIDENCE ON A FARM? YES NO X
DEC	ME OF EASED e or print)		rothy	Widdle WillE		Lost Marshall	4. DATE OF DEATH	Mont Marc		Doy 7	Year 19 66
Fer	male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		DATE OF BIRTH UNDERSTOR	9. AG	E (In yeors st birthdoy) yrs.	Months	Doys Doys	Hours Min.
0a. US luring r HO	UALOCCUPATION most of working USEWLIE	(Give kind of work done life, even if retired)	s IN	ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County Hardford,		country)		TIZEN OF UNTRY?	
	THER'S NAME	Crawford				14. MOTHER'S MAIDEN I					
(Yes, no	AS DECEASED EVE o, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes of	A consised	SOCIAL SECURITY NO. 8-46-2390		offrey Mars	hall (Sc		ss 1412 Ann	22	niston on, Ala.
18	PART 1. DEAT	ATH (Enter only one cou H WAS CAUSED BY: IMMEDIATE CAUSE	Int	(o), (b), ond (c).) racerebral	Hemo	orrhage					ERVAL BETWEEN SET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (o).  DUE TO  Hypertensive Cardiovascular Disease  DUE TO  DUE TO						19 Yrs				
las		lying couse	(c) Art			Heart Disea				1	ı Yrs
PA	ART II. OTHER SIG	GNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT RELA	ATED TO T	HE TERMINAL DISEASE CON	NDITION GIVEN IN	PART 1(o)		- 1	WAS AUTOPSY PERFORMED? S NO
E 0		UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	205. DE	SCRIBE HOW INJURY OC	CURRED. (	Enter noture of injury in	Port I or Port II o	of item 18.)			
WEDICA 20	c. TIME OF INJU Hour o.m	10	20d. It While ot work			E OF INJURY (Home, form ry, street, office bldg., etc.)		ty or town)	(Coi	unty)	(Stote)
		ty that MX(this has			fram and that	death accurred at	9 <u>00</u> , ta <u> </u>		, 19 <u>0</u> and an t	், the	at (I) (we) la e stated abav
	20. SIGNATURE	Selen	人。	len	M.D		MED. DIRECTOR	STAFF PHYS.	. 1	ate signe larch	1966
2	2c. PHYSICIAN'S NAME (Type)	2 2 2 0 0 2				Z2d. ADDRESS Kirk Army					
BR	URIAL, CREMATIO EMOVAL (Specify)	March	0,1966	31. NAME OF CEME	Ebis	scopal Sem.	Emmo	on (City or Ton	segre		ug.
24.7 Fl	INERAL DIRECTO	Front To	ster 1	ADDRESS/LE	Hu	DATE AR	BY REGISTRAR		GISTRAR'S S		

, W. Broad say & williams St, Bel Av, Md. 21014

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any eyent, within 72 haurs after death

VR A15 (4) 20 M 1/66

JOSEPH William Foster

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				1749
				A THINGS
Maria Stanford Stanford				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

13815

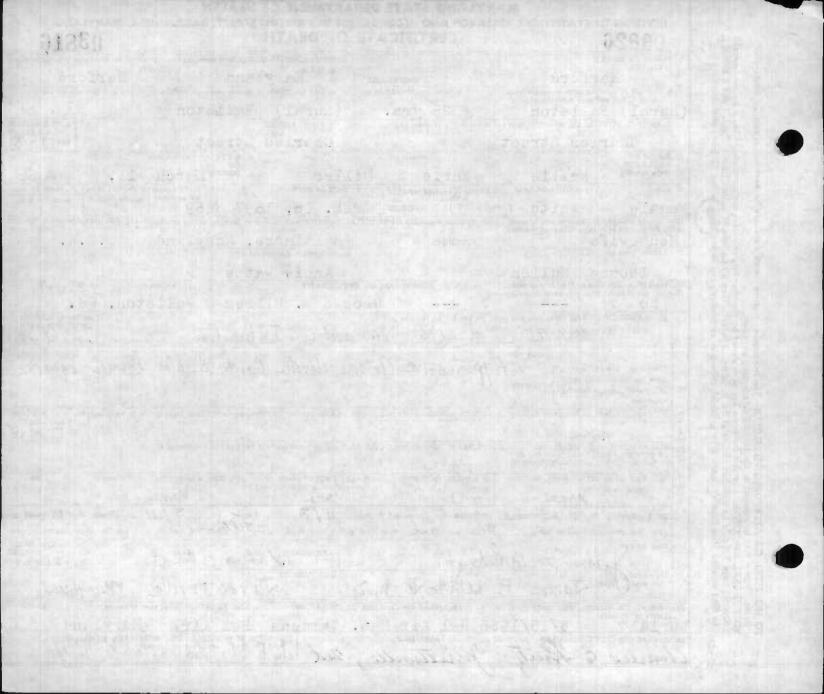
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	esidence before admission)
HARFORD MARYLAND	a. STATE Md b. COUNTY	ar Fred
b. CITY OR TOWN (if outside corporate limits.   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
write RURAL and give hearest town)	Role	16 1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	A AP DEPIDENCE
d. HAME OF HOSPITAL OK INSTITUTION (IT not in nospital, give street address)	d. STREET AUDRESS	e. IS RESIDENCE ON A FARM?
HART-ORD MEMORIAL HOSPITAL	1 Rt 2, DOX 217	YES X NO
3. NAME DF First Middle DECEASED	Lest 4. DATE Month	Day Year
(Type or print) Lulu f	ICLEAN DEATH MARCH!	9 1966
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 last birthday) Months	Days Hours   Min.
	29 Sep. 1892   73 vrs.   Montals	Days Hours Will.
during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY		TIZEN OF WHAT
during most of working life, even if retired)  Housewife  Home	Graygon Co. Va.	UNTRY? U.S.
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME	0.0.
Alexander Ross	Virginia Hackler	
	INFORMANT Address	
(Yes, no, or unkown) (If yes give war or dates of service)		
No   220-46-5362H	usband same as 2 c & d	
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSEL AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ORNEM'S	1000	menths
2=11 1		
Conditions, If any, which	Beukemiz	
gave rise to immediate	16-	
cause (a), stating the DUE TO O Messing		No. of Street,
underlying cause last. (c)		110 1110 1110000
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
FICA		YES NO NO
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELY  202. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Pert i or Part II of Item 18.)	
	ACE OF INJURY (Home, farm,   20f. (City or town) (Cour	nty) (State)
Hour e.m. While Not While	ory, street, office bldg., etc.)	
	Man-1 was it . He it was	/
		(i) (we) last
	t death occurred at ## A.M., from the causes and on th	
22a. SIGNATURE	ATTENDING MED. STAFF 2-0	TE SIGNED
for to well M.I	D. PHYS. DIRECTOR PHYS.	9-66
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	
1 DR. HENRY KWAK	Havre de Grace, Maryl	and
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETER)	Y OR CREMATORY   23d. LOCATION (City, town or cou	nty) (State)
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERS REMOVAL (Specify) 20 Mar. 66 Burton Char	pel Cemetery Sugar Grove,	Va.
24/ FUNERAL DIRECTOR / ADDRESS	25a. REC'D BY REGISTRAR 25b, REGISTRAR'S	SIGNATURE
Manning Throng House	MAR 2 2 1956 Actionles	Judge.
Tarring Funeral Home, Aberdeen, Me	d. DIMETTO D 1000	() 8

VR AI5 (4) 20M 1/65 61350 AND LOUIS THE SAME A STATE OF TOO IN THE REAL PROPERTY OF THE REAL Carpennia. allemen Medlemin C. J. Williamson and the second of the second o and leaves a second and another entire to the case of the Designation of the second of t

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove earbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
03826
CERTIFICATE OF DEATH

<u> </u>	GERTINI GALLE	0. 2						
1. PLACE OF DEATH		2. USUAL RESIDENC	E (Where deceased lived, If i	nstitution: Residence before admission)				
Harford	MARYLAND	* STATE Maryl	and b. coun	W Harford				
b. CITY OR TOWN (if outside corporala limits,	c. LENGTH OF STAY IN 16			RURAL and give nearest town)				
(Rural) Fallston	25 yrs.	(Rural)	Fallston	12 1				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos		d. STREET ADDRESS	Fallston	e. IS RESIDENCE				
Charles Street		~ -	Stroot	ON A FARM?				
3. NAME OF First	Middle	Lest	Street  4. DATE Month	YES NO L				
DECEASED			OF	Day Year				
		ller	DEATH March	11, 19 66				
5. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED   8	. DATE OF BIRTH	9. AGE (In years last birthdey)					
Female White WIDOWE	D DIVORCED F	'eb. 16, 18		Months Deys Hours Min.				
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County	y & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY				
	Home	Baltimore	, Maryland	U.S.A.				
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		+ O.D.A.				
Thomas Mullen		Annie Wa	++a					
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16.	SOCIAL SECURITY NO. 1 17. I		Address	21.047				
(Yes, no, or unkown) (Ifyes give wer or dates of service)	~							
18. CAUSE OF DEATH [Enter only one ceusa par li		orge W. Mil	ler Falls	ton, Md.				
PART I. DEATH WAS CAUSED BY:		. 1. / T.	P. +	ONSET AND DEATH				
IMMEDIATE CAUSE (e)	cure myoc	ardial In	tarction	immediate				
conditions, if ony, which ) by Hypertensive arteriosclevotic Cardiovascular Disease years.								
Conditions, if eny, which \ (b) Hupe	inensive Unter	183 clevotic C	ardiovascular	Visease years.				
gave rise to immediate ceuse (a), steting the underlying								
couse lest. (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	AL DISEASE CONDITION GIV					
PART II. OTHER SIGNIFICANT CONDITIONS CON  206. ACCIDENT WAS UNDERLYING   20b. DES OR CONTRIBUTING   CAUSE OF DEATH UIE ITHER, NOTIFY MEDICAL EXAMINER)				PERFORMED?				
E 200. ACCIDENT WAS UNDERLYING ☐ 20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Pert II of item 18.)					
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	rone							
	NJURY OCCURRED   2Da. PLA	CE OF INJURY (Home, ferm,		(County) (State)				
Hour e.m.		ory, street, office bldg., etc.)	none					
		1-10-	, , , , , , ,					
21. I certify that (I) (His hospite) attend	ded the deceased from			, 1962, that (I) (we) last				
saw the deceased alive on	19.65, and that	death occurred at JO	M, 176m the causes a					
22a. SIGNATURE	1	ATTENDING_ / MI	ED STAFF	22b. DATE				
amos T. Willis.	M.	D. (3)	RECTOR PHYS.	2/12/66.				
22c. PHYSICIAN'S NAME (Type)	ルナエル	22d. ADDRESS	++ - 1/1.	men de la				
Vanies 1. a	unite in mil	$ Y_{i} $	rrelizvine	, Manyland.				
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, tow	vn or county) (State)				
	Bel Air Mem.	Gardens	Bel Air,	Maryland				
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 256. REC					
Charles & Kurt	issettivelle.	Med DATER	15 1966 gc	Carley Judge				
	)		#	0 0				



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COLINTY b. COUNTY Page to Marvland Harford MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) PM3 Aberdeen Aberdeen Rural (Rural d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS hours olong with form Route #2. Route #2 State Give Poges 24 hours after deoth. 3. NAME OF First Middle 4 DATE Last Month DECEASED the EVA 0. MITCHELL March 0 (Type or print) DEATH S. SEX 6. COLOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR Sost birthdoy) Female Cau. 16 Oct. 188/1 WIDOWED XX DIVORCED in Item 1 Office 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) INDUSTRY Harford Co.. Maryland Housewife Home Exominer's pencil 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within C Charles B. Osborn Sr. Jerusha Gertrude Mitchell puo 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. Chief Medical (Yes, no, or unknown) (If yes give wor or dotes of service removal. No Jerusha Oliver. Havre de Grace. Md. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) cremotion, DUE TO Conditions, if ony, which gave rise to immediate couse (a). DUE TO stoting the underlying couse should be forwarded used as burial, c last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) prior to pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) PRIMARY Or CONTRIBUTING EXAMINER: CAUSE OF DEATH. its designoted ogent, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) Haur o.m. factory, street, office bldg., etc.) Not While moy be retained for your FUNERAL DIRECTOR: Poge ot work ot wark 21. I certify that I took charge of the remains described above, held on Autopsy ... Inspection 🔽 Inquiry . the funeral director. death resulted from: Noturol causes Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE Heolth or DEPUTY MEDICAL EXAMINER TO **EXAMINER'S** Gerald C. Palmer. NAME (Type) Address (Street, city, tawn, or county) Be 1 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23d. LOCATION (City or Town) 0 31 Mar. 66 Presbyterian Cemetery,

Grove

Aberdeen, Md.

VR A15ME (5) 6M 1/66

1966

25b. REGISTRAR'S SIGNATURE

Aberdeen.

Air. Md.

(County)

(County)

Harford

Day

12. CITIZEN OF WHAT

COUNTRY?

e IS RESIDENCE ON A FARM?

YES NO

INTERVAL RETWEEN

ONSET AND DEATH

19. WAS AUTOPSY PERFORMED?

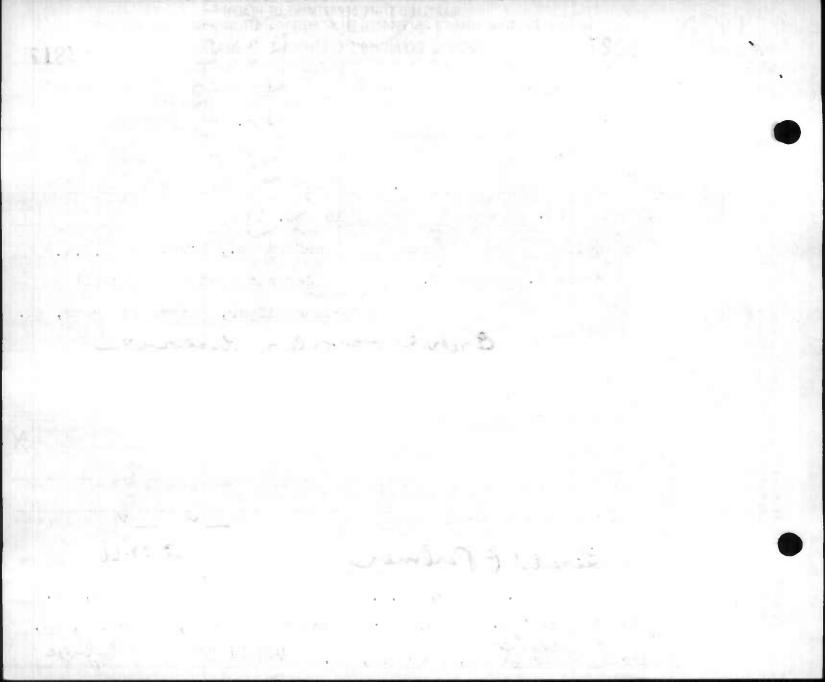
(Stote)

ond in my opinion

22. DATE SIGNED

(State)

66

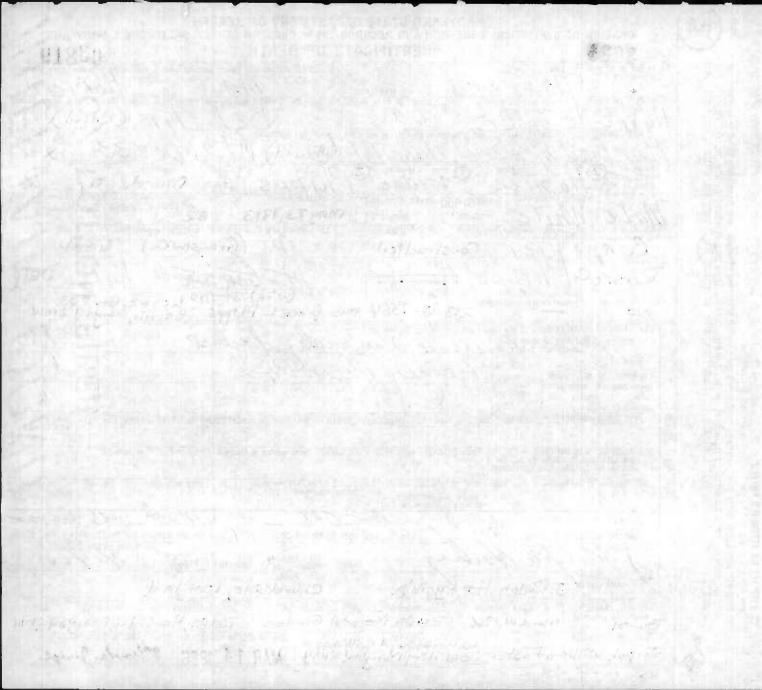


	MARYLAND STATE DEPARTI	MENT OF HEALTH	
DIVISION OF STATISTICAL	<b>RESEARCH AND RECORDS, 301 V</b>	V. PRESTON STREET,	BALTIMORE 1, MARYLAND
03828	CERTIFICATE OF	DEATH	03818

1.	PLACE OF DEATH					2. USUAL RESIDENCE	CE (Where	deceased li			esidence	before ad	mission)
	Harfo	rd		MARYLA	NO	a. STATE b. COUNTY Harford							
	b. CITY OR TOW	N (If outside corporate and give nearest tow	e limits,	c. LENGTH OF STAY		c. CITY OR TOWN (If		corporate	limits, wr	Ite RURAL	and gly	e neares	t town)
i	Aberdee		n)	23 years		Aberdeen					12	- /	
			N (if not in ho	spital, give street add	dress)	d. STREET ADDRESS					8	. IS RES	IDENCE
	none					202 Edmund	Stre	et					NO X
3.	NAME OF OECEASED	FI	rst	Middle	Ph.	Last	4. OA		Mont	h	Day	Yea	ar
	(Type or print)	Rose		Agnes		Morlok	OE	ATH	Marc		9	196	
5.	SEX	6. COLOR OR RACE	7. MARRIEO	NEVER MARRIED	□   8	B. OATE OF BIRTH		9. AGE (	In years Irthday)	IF UNDER	1 YEAR	Hours	R 24 HRS.
	Female	White	WIOOWEO	OIVORCEO		April 21,187	78	87	yrs.	Wollars	Days	Homes	141141*
108	USUAL OCCUPAT	ION (Give kind of working life, even if retire	done 10b. KI	NO OF BUSINESS OR		11. BIRTHPLACE (C	ounty & St	tate, or forei	ign country	1) 12. 0	ITIZEN (	F WHAT	
dui	none	ing inte, even it retire	u) 110	INI GUUSIKT		Germany					JSA		
13.	FATHER'S NAM	E				14. MOTHER'S MAIL	DEN NAM	E	13-119				
	Adam d	e Martin				Unknow	m						
15	. WAS DECEASED	EVER IN U.S. ARMED FO (If yes give war or dates o	RCES?   16.	SOCIAL SECURITY NO.	1 17.	INFORMANT			Addre	SS	A2		363
(Ye		(If yes give war or dates o	f service)	14-12-0886	Mie	s Shirley A	Mos	No In	202	Fdmin	Aper	deen	, Ma.
	No No	OFATH FFrancisco		. 20 000		5 OHITITES A	• 1101	TOK,	LUL .	ranan		RVAL BE	TWEEN
				ne for (a), (b), and (c).	110						ONS	ET ANO	DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)												
	Conditions, If any, which   OUE TO Shelveled and Servenlessin.								1	Ku			
	Conditions, if		(b)	menge	1 0	2	UN.	7			-	-	
	cause (a), si		TO										
-	underlying caus		(c) 4								1.0	1410.0.01	I DO DOW
TIO	PART II. OTHER S	GIGNIFICANT CONDITION	ONS CONTRIBU	TING TO DEATH BUT NO	TRELA	TEO TO THE TERMINAL	DISEASE	CONDITION	GIVEN IN	PART 1(a)	19.	WAS AL PERFOR	
ICA	0	in Housel	ente-	heart d		lure	_				YE	S	NO E
CERTIFICATION	2Da. ACCIDENT OR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING ON CAUSE OF OEA	TH NER)	ESCRIBE HOW INJUR	Y OCCU	RRED. (Enter nature of	f injury i	n Part I or	Part II (	of Item 18	3.)		
		NJURY Month, Day,		NJURY OCCURRED 120	e. PLA	CE OF INJURY (Home, fa	arm.  20	f. (City or	r town)	(Co	unty)	(:	State)
MEDICAL	Hour a.r	n.		Not While at work	facto	ry, street, office bldg., e	tc.)		100				
M	p.1				C 2	06/	60	. 2	-4-1	//		. (1) (	
			oital) attende	ed the deceased fro	m - 2 -			to3					
		ceased alive on	3 - /	~66 19, an	d that	death occurred at-	O TAM	, from the	causes		ne dati		above.
	22a. SIGNATO	J. Phu	whith	2	M.C	ATTENOING PHYS.	MEO. DIRECTO	R PH	AFF YS.	100	-9-	0 1	
	22c. PHYSICIA			. 0	111	22d. ADDRESS							
	NAME (T	Barry	J. Plui	nkett, Jr.		617 W.Bell	Air A	ve.,	Aber	deen,	Md.		
232	BURIAL, CREM REMOVAL (Spi	ATION, 23b. DATE	THEREOF	23c. NAME OF CEN	METERY	OR CREMATORY	23d.	LOCATIO		own or co	unty)	(S	tate)
	Burial	Mar. 12	2.1966	St. Paul's	Lut	heran Cemete	erv.	Stepn			rfor		Md
	. FUNERAL DIRE	CTOR		ADDRESS		25a - RE	C'D'BY R	EGISTRAR	25b. R	EGISTRAR	'S SIGN	ATURE	,
I	Howard K.	McComas &	Son	Abingdon, M	d. :	21009 DATE	1 1 1	1956	1 gc	have	20 Je	del	

VR A15 (4) 15M 4-64

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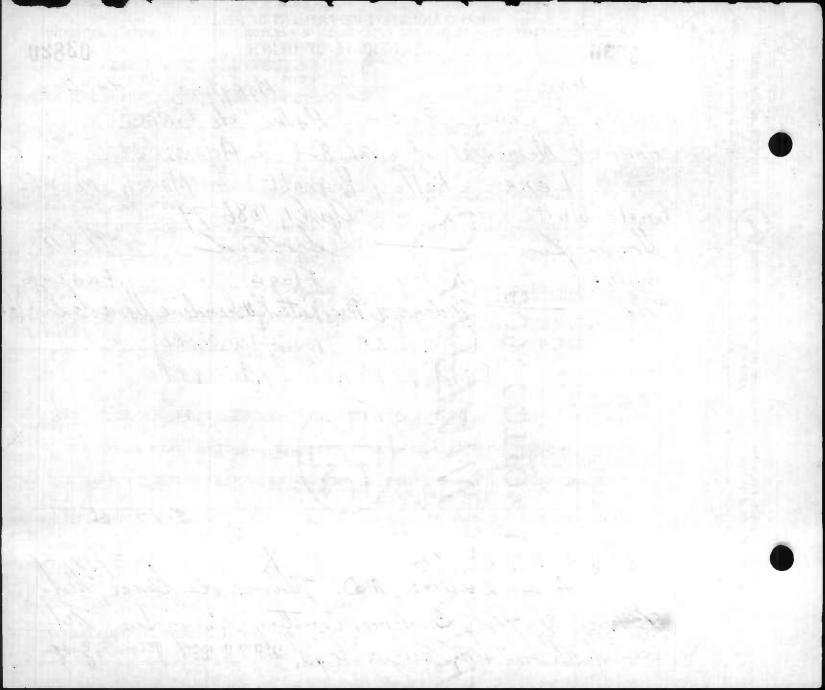
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

13820

_		
1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
	a. COUNTY Land	a. STATE / b. COUNTY / DO 1
	MARYLAND	MARYIAND MARTERS
	b. CITY OR TOWN (if outside corporate limits, write RURAL and glvp nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	HAURE de GRACE AWKS.	HAILDE OF GRACE 12-1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   e. IS RESIDENCE
	1/20-1 M - 1/1/-1/1	Start ON A FARM?
_/	TARTERO MEMORIAL ITESPITAL	1804 So. HOANS ST YES NOW
3.	NAME DF First Middle	) Last / 4. DATE Month Oay Year
	(Tuno ou nulna)	Punolds DEATH MARCH 17 1966
5.	SEX   6. COLOR OR RACE   7. MARRIEO   NEVER MARRIED   Y 8	
6	1 11 in The Manual of the Manu	
19	PMALE WIDOWED DIVORCED L	1/2512 (1006) 7 yrs.
10a	. USIAL OCCUPATION (Give kind of work done 10b. WIND OF BUSINESS OR INDUSTRY INDUSTRY	11. BIRTHBLACE (County & State, or foreign country) 12. CITIZEN OF WHAT.
401		Acettand - 11.11
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	1/11/	11
	WILLIAM Nelley	FIORA, FRAZER
15 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address Address
A	Myselen at Mi	1. Kitt. Bushounding: I have son har ld.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (b).]	Interval Between
	PART I. OEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND OFATH
	IMMEDIATE CAUSE (a)	My Vicinical
	442X DUE TO O IS O	
	Conditions, If any, which \ () () ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	1 A MIDSARS
	gave rise to immediate	the flooring
	cause (a), stating the DUE TO	
-	underlying cause last. (c)	
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
CA		YES NO X
E	20a, ACCIOENT WAS UNDERLYING [7]   20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
CERTIFICATION	OR CONTRIBUTING CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	The state of the s
MEDICAL	factor	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bidg., etc.)
03	Hour a.m. While Not While at work 19	Man cort outee maket etc.
2		10 4 3-17 10// 11/10/11/11
	21. I certify that (I) (this hospital) attended the deceased from	, 19 to 3-17, 1966, that (I) (we) last
	saw the deceased alive on 3-1/ 1961, and that	death occurred at 3 M, from the causes and on the date stated above.
	22a. SUMOTURIS	22D. UATE SIGNED
	M.D.	ATTENDING MED. DIRECTOR D STAFF D 3 /19/66
	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Type) A. L. Lewis Ma)	Havre de Maco Mes.
220	DIMETAL CREMATION   22h DATE THEREOF   220 MARKE OF OFFICE PARK	OR OPENATORY 1 22d 100ATION (Old Agric of County)
23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	Jurial 2/20/1966 Vnotheriew	amelia Signing Sein Ma
24	FUNERAL DIRECTOR / ADDRESS	1 /25a. YEC'O BY REGISTRAR   25b. REGISTRAR'S SIGNATURE
2	(co ( 1) tillers not for toursell	PM MAR 2 2 1968 Icharles Judge
	Jahran Henden hir	E WELL ONNILL ON IN 1000   1
		,

VR AI5 (4) 20M I/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 200 and 2 death. hours after death 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY Harford after MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Aberdeen Proving Ground c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b bon papers. Page within 72 hours a Aberdeen, Maryland filled in d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 53 Taft Street Kirk Army Hospital remove carbon pranting any event, within letely OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within be retained by the hospital or attending physician. 3. NAME OF First Middle 4. DATE Month DECEASED 招册: L. Selma Roebuck March (Type or print) DEATH 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED XX NEVER MARRIED last birthday) | Months | Wh ite Female Sept 1911 WIDOWED DIVORCED nding physician a. Then please re-removal, and in a 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) INDUSTRY Housewife N/A Worcester, Mass. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending permit. Then Unknown - James Hallen Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. Or (Yes, po, or unkown) (If yes give war or dates of service) been signed by the att the burial-transit permi or to burial, cremation, o Peter Roebuck. 53 Taft St. Aberdeen. Md. 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO Arteriosclerotic Heart Disease Conditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating the as th underlying cause last, this certificate has (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health Diabetes Mellitus 20a. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached fire Dept. of 1 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) O Hour a.m. Not While After be at work \_\_\_ at work 22 March 0 21. I certify that (I) Khis hospital attended the deceased from. DIRECTOR: Jage 3 should lied with the the and that death occurred at 200A saw the deceased alive on\_ DOA Mar 19 M. from the causes and on the date stated above. 22a. ATTENDING STAFF PHYS. Page 4 may b DIRECTOR M.D. PHYS. Fil PHYSICIAN'S TO FUNERAL 22d. ADDRESS 22c. director, p NAME (Type) RNOLD N. KATZOFF .Capt.MC Kirk Army Hospital, Aberdeen PG. Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION. 23b. DATE THEREOF REMOVAL (Specify) Baltimore National 66 Cemetery. Ruria.

Baltimore, Md. TarringADDEE neral Home | 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Aberdeen, Maryland

Harford

e. IS RESIDENCE ON A FARM?

19 66

Hours |

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

PERFORMED?

NO T

(State)

(State)

1 Hour

YES A

19 66 that (I) (we) last

22 March 1966

(County)

22b. DATE SIGNED

YES

Day

Davs

COUNTRY?

USA

12. CITIZEN OF WHAT

NO C

VR A15 (4) 15M 4-64

• The state of the s A CONTRACT OF THE STATE OF THE Hill Was D. John S. S. S. J. Janes J. J death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE DF DEATH a. COUNTY 1 M C	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
HARFORD MARYLAND	a. STATE MARY/And b. COUNTY HARFORD
b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)
HAURE DE JVACE 8 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Aberdeen 12-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET AODRESS  e. IS RESIDENCE ON A FARM?
HARFORD Memorial Hospital	18 Ferway Street YES NOT
3. NAME OF DECEASED (Type or print) Martha Beatrice()	Last 4. DATE Month Day Year OF 10 C
21	AUG, TER DEATH MARCH 28 1966 8. DATE OF BIRTH 19. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
Female Colored WIDOWED DIVORCED	2 Feb, 1888 78 yrs. Months Days Hours Min.
1Da. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
Housewife Home	Chambers Co., Ala. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry White	Sarah Ware
(Yes, no, or unkown) (If yes give war or dates of service)	INFORMANT Address
1114	dman Slaughter, Aberdeen, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	n interval between onset and death
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiae	Anest
DUE TO	.16
Conditions, If any, which gave rise to immediate (b)   Corefro Viscolar	accident
cause (a), stating the DUE TO Arterios class (c)	
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [19. WAS AUTDPSY
САТІ	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA  20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of Injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLAY   Hour a.m.   While at work   at work	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bidg., etc.)
Hour a.m.  p.m.  19 While at work at work	
21. I certify that (I) (this hospital) attended the deceased from	
	death occurred at 522 M, from the causes and on the date stated above.
22a. SIGNATURE	ATTENOING MED. STAFF 22b. DATE SIGNED PHYS. 3-28-66
22c. PHYSICIAN'S M.D	DIRECTOR PHYS. 3-28-66
NAME (Type) Gunther D. Hirsch. M.D.	Havre de Grace, Maryland
23a. BURIAL, CREMATION, 23b. DATE THEREOF 1 23c. NAME OF CEMETERY	
Removal 30 Mar. 66 Mt Olive C	Semetery Waverly, Alabama
24. FUNERAL DIRECTOR / TarriAPORESSunera	1 Homesa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Welster kee courles Ss Aberdeen, Md	DAMAR 31 1968 Scharles Judge

VR AI5 (4) 20M 1/65

A STATE OF THE PARTY OF THE PAR mir D. Clinani, ... core of large terms and testine warmen by morney the wife I will I will be to the

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

13833

CERTIFICATE OF DEATH

1382;

03833			CERTIFICAT	E OF DEATH		(	)382;	3
							dence before e	dmission
	ford		MARYLAND			Ha:	rford	
CITY OR TOWN (if o	utside corporete limi	ts,	c. LENGTH OF STAY IN 18	c. CITY OR TOWN	If outside corporale limits, write I	RURAL end giv	ve neerest low	n)
		.)		Aber	deen (Rura	1)	12 . 1	1
d. NAME OF HOSPITAL	OR INSTITUTION	f not in hospi	tel, give street eddress)	d. STREET ADDRESS				SIDENCE
Route #3	,			Rout	e #3, Box 87		-	NO D
	First		Middle	Lost	4. DATE Month	D	ey Year	
	IRENE		D.	SMITH	DEATH March	27	19	56
SEX 6	. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH				
Female	White	WIDOWED	DIVORCED T	4 May 1885	80 yrs.	Months Dey	s Hours	Min.
			D OF BUSINESS OR INDUS	TRY 11, BIRTHPLACE (Cour	nty & Stele, or foreign country)	12. CITIZEN	OF WHAT C	OUNTRY
	2 / 1000		chools	Coalton,	Kentucky	U.	S.A.	
FATHER'S NAME								
John	H. Hall			Mary 3	J. Howell			
			OCIAL SECURITY NO. 17	INFORMANT	Address			
No No	is 8144 met of detasots	arvice) -		Mary F. Mir	nk, same as 2	c &	d	
18. CAUSE OF DEA	ATH [Enter only one	causa per lin	e for (e), (b), end (c).)	J1			INTERVAL BET	WEEN
PART I. DEATH V	WAS CAUSED BY:	0	meumini	tis			474	N
4200		0	A 4		1		20	
Conditions, if eny,		Cu	rcerting 1	rland pand	and		3 Year	n
	ceuse			00	/		1211	
couse lest.	erlying	on	Christly	in heart	diseur		5 Keo	12
PART II. OTHER S	1-7.	TIONS CONT	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	N IN PART 1(e)		
								NO TE
		20b. DESC	RIBE HOW INJURY OCCUI	RRED. (Enter nature of injury i	n Part   or Pert II of item 18.)			ليهو
OR CONTRIBUTING [	CAUSE OF DEATH							
an This of Billing	Month Day Ye	er   20d. IN	IJURY OCCURRED   200. P	LACE OF INJURY (Home, farr	n, ! 20f. (City or town)	(County)	(	(Stete)
ZUC. TIME OF INJURT	1110111111 0-11 10							
Hour a.m.		While			.)			
Hour a.m. p.m.	19	et work	at work	ectory, street, office bldg., etc		1066	' d-+ (1) (	1
Hour a.m. p.m.  21. 1 certify tha	19 t (I) (this hospi	et work	at work	ectory, street, office bldg., etc	1862 to O CF 6			
Hour a.m. p.m.  21. 1 certify tha saw the deceased	19 t (I) (this hospi	et work	at work	ectory, street, office bldg., etc			date stated	above
Hour a.m. p.m.  21. 1 certify tha	19 t (I) (this hospi	et work	at work	at death occurred at ATTENDING	196.2, to O OF 6		date stated	above.
21. I certify tha saw the deceased 22a. SIGNATURE	19 t (I) (this hospi	et work	at work	at death occurred at ATTENDING RHYS.	196.2, to 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		date stated	above.
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Hour e.m. p.m.  21. I certify tha saw the deceased 22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type)	(I) (this hospidalive on	et work () attende () cr b	at work and the deceased from and the deceased from and the deceased from the deceas	at death occurred at ATTENDING PHYS.  ATTENDING PHYS.  ADDRESS	1962, to O of 6.  O.O., fam. the causes are med. staff phys	on the	date stated	above . DATE
Hour a.m. p.m.  21. I certify that saw the deceased 22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type)  BURIAL, CREMATION REMOVAL (Specify)	t (1) (this hosping alive on	et work  (a) attende (b) cr b  (cr b)  (p) cr b  (p) cr b  (p) cr b  (p) cr b	ed the deceased from and the control of the deceased from the control of the cont	at death occurred at?  ATTENDING RHYS.  ADE TO THE PROPERTY OF CREMATORY	1962, to Oct 6	on the	date stated	above.
Hour a.m. p.m.  21. I certify that saw the deceased 22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type)	t (1) (this hospidalive on	et work  (a) attende (b) cr 6  Plur  REOF 66	at work and the deceased from and the deceased from and the deceased from the deceas	at death occurred at?  ATTENDING RHYS.  ADE TO THE TOTAL ATTENDING RHYS.	1962, to O of 6.  O.O., fam. the causes are med. staff phys	and on the	22b 28-6 - 28-6 - 28-6 - 3-6 - 3-6	above . DATE
	COLTY OR TOWN (if o write RURAL and gi Aberdeen d. Name of deen d. Name of Hospital Route #3  NAME OF DECEASED (Type or print)  SEX  Female  USUAL OCCUPATION during most of work!  SCHOOL Te FATHER'S NAME  JOHN  WAS DECEASED EVER (S., No, or unkown)   Uffye PART I. DEATH N.	Harford  c. CITY OR TOWN (if outside corporate limin write RURAL and give nearest lown) Aberdeen (Rubal d. NAME OF HOSPITAL OR INSTITUTION (if ROUTE #3, NAME OF DECEASED (Type or print)  SEX  6. COLOR OR RACE White USUAL OCCUPATION (Give kind of work as during most of working life, even if retire SCHOOL Teacher (Reference of the control of the contr	Harford  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)  Aberdeen (Rubal)  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital particular)  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital particular)  ROUTE #3,  NAME OF BECEASED (Type or print)  SEX  6. COLOR OR RACE 7. MARRIED WIDOWED  USUAL OCCUPATION (Give kind of work as during most of working life, even if retired)  SCHOOL Teacher (Ret)  SCHOOL Teacher (Ret)  SCHOOL Teacher (Ret)  WAS DECEASED EVER IN U.S. ARMED FORCES?  NO  16. CAUSE OF DEATH [Enter only one cause per limpart in Death was Caused By: IMMEDIATE CAUSE (e)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  PART II. OTHER SIGNIFICANT CONDITIONS CONT  20e. ACCIDENT WAS UNDERLYING DEATH (FEITHER, NOTIFY MEDICAL EXAMINER)	Harford  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)  Aberdeen (Rubal)  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Route #3,  NAME OF BECEASED  (Type or print)  SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  D. DIVORCED  USUAL OCCUPATION (Give kind of work and during most of working life, even if retired)  SCHOOL Teacher (Ret)  SCHOOL SCHOOLS  FATHER'S NAME  John H. Hall  WAS DECEASED EVER IN U.S. ARMED FORCES?  NO  18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  DUE TO  Conditions, if eny, which give rise to immediate cause (e), stering the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  20e. ACCIDENT WAS UNDERLYING COURSE HOW INJURY OCCUP  20e. ACCIDENT WAS UNDERLYING COURSE HOW INJURY OCCUP  20e. ACCIDENT WAS UNDERLYING COURSE HOW INJURY OCCUP  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PLACE OF DEATH  S. COUNTY  Harford  D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)  Aberdeen (Rubal)  B. Date Of Birth  B.	PLACE OF DEATH  1. COUNTY  Harford  S. CITY OR TOWN (if outside corporate limits, write RURAL and give negret lown)  Aberdeen (Rubal)  4. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Route #3,  NAME OF BECEASED RIFE  BECEASED RIFE  C. COLOR OR RACE 7. MARRIED NOVORCED MAY 1885  LULI OCCUPATION (Give kind of work and of work and of work and of working life, even if retired)  SCHOOL Teacher (Ret)  SCHOOLS  FATHER'S NAME  JOHN H. Hall  WAS DECEASED EVEN IN U.S. ARMED FORCES? No. Or INDUSTRY II. BIRTHERACE (County & Stele, or foreign country)  NO  18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).)  PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE wone of cause leaf.  20e. ACCIDENT WAS UNDERLYING CORPORATED TO THE TERMINAL DISEASE CONDITION GIVE course in medicine cause (a), steling the underlying course loss of immediate cause (b).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE CORPORATED TO THE T	PART OF DEARTH COUNTY Harford  MARYLAND D. CITY OR TOWN [if outside corporate limits, write RURAL and give nessest loved.]  MARYLAND D. CITY OR TOWN [if outside corporate limits, write RURAL and give nessest loved.]  MARYLAND C. CITY OR TOWN [if outside corporate limits, write RURAL and give nessest loved.]  MARYLAND ADerdeen (Rural)  MARYLAND C. CITY OR TOWN [if outside corporate limits, write RURAL and give nessest loved.]  MARYLAND ADerdeen (Rural)  MARYLAND C. CITY OR TOWN [if outside corporate limits, write RURAL and give RURAL and give nessest loved.]  MARYLAND C. CITY OR TOWN [if outside corporate limits, write RURAL and give RURAL and	PART OF DEATH  1. COUNTY  Harford  1. COLOR TORN If soutide coporate limits,  Wills RURAL and give negated low)  Aberdeen  (Rubal)  3. NAME OF NOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  3. NAME OF NOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  3. NAME OF ROSPITAL OR INSTITUTION (if not in hospital, give street eddress)  3. NAME OF ROSPITAL OR INSTITUTION (if not in hospital, give street eddress)  3. NAME OF ROSPITAL OR INSTITUTION (if not in hospital, give street eddress)  4. STREET ADDRISS  ROUTE #3, BOX 87  (S. IS RE NOTE #3, BOX 87  (S

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and demonstrated many exemple of the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove earbor pagers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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24 hours after death

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funera director, page 3 should be detached for use as the burial-transit permit. Then please femore carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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1000	2		021(11110)		0. 5-7111	•						1
1. PLACE DF DEAT a. COUNTY	Н				2. USUAL RESIDENCE			ed, If Instit	1			mission)
Harfor	rd		MARYLAN	D	a. STATE Ma.)	ryland	d	D. GOUNT	Har	for	rd	
b. CITY OR TOW	/N (if outside corporate III and give nearest town)	mits,	c. LENGTH DF STAY IN	1b	c. CITY DR TDWN (If		corporate I	Imits, write	RURAL ar	nd give	e neares	t town)
Abing	gdon rural		instant		Magnolia				/	12	-1	
d. NAME OF HO	SPITAL OR INSTITUTION (	f not in he	ospital, give street addre	ess)	d. STREET ADDRESS					0.	IS RES	
none					112 Fort H	loyLe	Road			Y		NO NO
3. NAME DF DECEASED	First	- 11 - 11	Middle		Last	4. DAT	E	Month		Day	Yea	r
(Type or print)	JOHN	V	E.		SNELLING	DEA		March		14	196	
5. \$EX	6. COLOR OR RACE 7.	MARRIED	NEVER MARRIED	]   8.		22	9. AGE (	In years IF Irthday) M	UNDER 1	YEAR	F UNDER Hours	24HRS
Male	white v	VIDOWED	DIVORCED		Mar. 25, 19	11	54	yrs.	333			Mills.
1Da. USUAL OCCUPA	TION (Give kind of work done king life, even if retired)	e 10b. K	IND DF BUSINESS OR NDUSTRY		11. BIRTHPLACE (C	ounty & St	ate, or forei	gn country)	12. CITI	IZEN D NIRY?	F WHAT	
contra			lectrical		Schuylkill		Pa			S.A		
13. FATHER'S NAM	ΛE		TISE ITTERES		14. MOTHER'S MAIL							
Jame	s Snelling				Annie I	30wma1	n					
15. WAS DECEASED	EVER IN U.S. ARMED FORCE (If yes give war or dates of serv	S?   16.	SOCIAL SECURITY NO.	17. I	NFORMANT			Address				
no no	(IT yes give war or dates or serv	162	2-03-6486	Ca	therine V.	Snel	ling,	112 F			e Ro	1.
1 18. CAUSE DF	DEATH [Enter only one ca	use per li	ine for (a), (b), and (c).]						Magne	INTER	VAL BE	WEEN
	EATH WAS CAUSED BY:	(	AT ALAGE T	D	h	sei	1			ONSE	T AND I	DEATH
4201	IMMEDIATE CAUSE (a)_		2000a	14	up	0 3 0				N		
Conditions, If	any, which \		ASCUT	1					Carri			
gave rise to	Immediate (	1000	11000									
cause (a), s underlying cau	no look											
	SIGNIFICANT CONDITIONS	CONTRIBL	JTING TO DEATH BUT NOT	RELAT	ED TO THE TERMINAL	DISEASEC	ONDITION	GIVEN IN PA	ART 1(a)		WAS AU	
CATI			THE STATE OF							YES	PERFOR	NO 3
PART II. OTHER  2Da. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING	20b. [	DESCRIBE HOW INJURY (	OCCUR	RED. (Enter nature o	f Injury In	Part I or	Part II of	Item 18.)			
OR CONTRIBUT	ING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)											
	INJURY Month, Day, Year	,	NJURY OCCURRED   20e.	PLAC	E OF INJURY (Home, fa	arm,   2Df	. (City or	town)	(Count	ty)	(5	State)
Hour a.	m.	While	MOT WHITE	factory	y, street, office bldg., e	etc.)						
	m. 19	at work		_	106/	0	- /	911	10	# la	nh (1) (u	vol Ioo
	fy that III this hospital	i) attend	ed the peceased from	46-4	1961, 1	UPM	tothe	causes al		,	at (I) (v	
22a. SIGNATE	ceased alive on		119 bb., and	tnat	death occurred at	7 171,	tront the		22b. DAT			annve
1	10011 - X	ak		11.0	ATTENDING	MED.	ST/	AFF D	0	114	1/6	1.
220 PHYSICI	AN'S	- Ch		M.D.		DIRECTOR					10	0_
NAME (1	ype) E. Louis Ka	ahan,	M.D.		Edgewood	, Mar	yland					
23a. BURIAL, CREI	MATION, 23b. DATE THE	REOF	23c. NAME OF CEME	TERY				(City, tow	n or coun	ty)	(St	tate)
REMOVAL (Sp	ecify)		Geschwindt					11 Har			P	a.
24. FUNERAL DIR			ADDRESS		25a. RE			25b. REG		SIGNA	ATURE	
Howard K	McComae & S	on. A	bingdon, Md.	. 2	21009 1888	710	1000	1371	. 0.	0		

VR A15 (4) 15M 4-64

HILPSANE TERRORISE IN PROPERTY OF THE PROPERTY I STATE OF . . . . . The state of the s Martines and Armed Pade 1817

MARYLAND STATE DEPARTMENT OF HEALTH ion of Statistical research and records, 301 W. Preston Street, Baltimore 1, Maryland والمنافزين MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY e. STATE MARYLAND Department after death. the funeral b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and Die write RURAL and give nearest town) may d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE S ON A FARM? State NO YES Middle DATE Month Day Year 3. NAME OF First 4. DECEASED DF the 72 a DEATH (Type or print) 慧 AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS LEDENCEXAMINER: This certificate should be executed within 24 hours after death. If use the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, ge 4 should be forwarded to the Chief Medical Examiner's Office along with form your files. 5. SEX 6. COLOR OR RACE DATE OF BIRTH 8. 7. MARRIED NEVER MARRIED last birthday) Months Days Hours WIDOWED DIVORCED l and event 12. CITIZEN OF WHAT 10e. USUAL OCCUPATION (Give kind of work done) 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) COUNTRY? pages l in any MOTHER'S MAIDEN NAME 13. FATHER'S NAME Kaur File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT Address SOCIAL SECURITY NO. 17. permit. I (Yes, no, or unkown) (If yes nive war or dates of service) INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (e) burial-transit cremation, or DUE TO Conditions, if any, which (b) geve rise to immediate DUE TO cause (a), stating the a used as a to burial, underlying couse last. (c) WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) CERTIFICATION NO K YES 20a. EXTERNAL CAUSE WAS PRIMARY TO OT CONTRIBUTING CAUSE OF DEATH. 3 should be agent, prior 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) MEDICAL (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While 1966 CTOR: Page designated et work at work Inspection and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry FUNERAL DIRECTOR: f Health or its design Undetermined manner Suicide Homicide death resulted from: Accident execute . Page 4 DATE SIGNED ASSISTANT MEDICAL EXAMINER M.D. SIGNATURES for DEPUTY MEDICAL EXAMINER No please ex director. retained EXAMINER'S NAME (Type) Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATORY (State) DATE THEREOF LOCATION (Gity, town or pounty) 23c. 23a. BURIAL CREMATION. 23b. REMOVAL (Specify) 0 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR AISME (5) 1/65

Company of the Compan BOR I SHALL

TO DEPUTY NOTCAL EXAMINER: This certificate should be executed within 24 hours after death. If any by is necessary, man please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

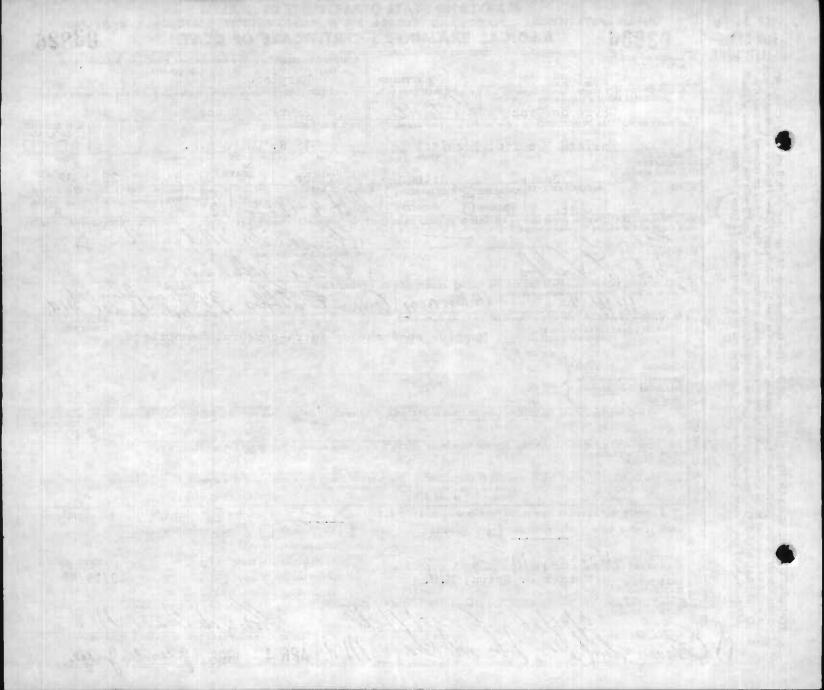
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, is or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAI 13826 03836

TONE RESEMBLES AND RECORDS,	JOI W. PREJION JI	REEL, DALIMOKE I, MAN
MEDICAL EXAMINER'S	CERTIFICATE	OF DEATH

•	PLACE OF DEATH     O. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)					
-	Harford MARYLAND						
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town)					
	Havre de Grace Millimil	Havre de Grace / 2 · /					
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital give streat address)	d. STREET AODRESS   0. 15 RESIDENCE					
6	Harford Memorial Hospital	319 S. Union Ave.					
1	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year					
	(Type or print) James Arthur	Tibbs DEATH 3 28 19 66					
	Y ANY	DATE OF BIRTH 9. ASE (In years IF UNDER 1 YEAR   IF UNDER 24 HRS.					
	male white WIDOWED DIVORCED /	Sept. 4-1922 Aborbirthdey) Months Deys Hours Min.					
	10a. USUAL OCCUPATION (Give kind of work dona during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
1	Kahner	Churcherle Ma. U.S. S.					
1	13. FATHER'S NAME 9 1	14. MOTHER'S MAIDEN NAME					
	John T. Vikks	Elsie Johnson					
	15. YAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 11	NFORMANT Addys 10 Al					
- 1	WW 2 - unsnown (ex	ma. E. lithes 31/2 transelin Wid.					
-	18. CAUSE OF DEATH [Enler only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN					
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Massive spontan	eous intra-cerebral hemorrhage ONSET AND DEATH					
	DUE TO	codo inclu del contra nemo incluidad de la contra del la contra del la contra del la contra de la contra del la contra de la contra de la contra del la contra del la contra de la contra del la contra de					
	geve rise to immediate cause						
-	(a), stating the underlying OUE TO						
١,	Cause last. (c)	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  19. WAS AUTOPSY					
3	TAKE III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO VENTE BUT NO	PERFORMED?					
3 3		YES X NO					
214.03.0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT  20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURED. (Er	nter nature of Injury in Pert I or Part II of Item 18.)					
3	20c. TIME OF INJURY Month, Dey, Yeer   20d. INJURY OCCURRED   20e. PLAC	CE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (Slete)					
TA CHOST	Hour e.m. While Not While fecto	ry, street, office bldg., atc.)					
1	21. I certify that I took charge of the remains described above, help	d an Autonou 🗗 Inscritia 🗖 Inscri					
		The state of the s					
	death resulted from: Natural causes X, Accident , Suicident ,						
	ACTUAL WILL ON LASS	CHIEF MEDICAL EXAMINER					
	SIGNATURE // . S/	M.D. ASSISTANT MEDICAL EXAMINER X DATE SIGNED					
	EXAMINER'S Werner U. Spitz, M.D.	DEPUTY MEDICAL EXAMINER   3/29/66					
2	NAME (Type)  20. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR.	Address (Street, city, town, or county)					
1	REMOVAL (Specify)	CREMATORY 22d. CATION (City, town or country) (Stete)					
	3/31/66 , ungel/te	y yand have Mar.					
V	ADDIOS ADDIOS	240. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE					
19	muzim To Hande Stale.	/// APR 4 1966 Icharles Judge					
-	0						



# FOR STATE-HEALTH DEPT. necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18, sive Pages 1, 2, and 3 ta the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office Land 1, with farm PM3. Page any delay is TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health ar its designated agent, priar ta burial, crematian, ar remaval, and in any event within 72 haurs after death. This certificate shauld be executed within 24 haurs after death. If

TO DEPUTY MEDICAL EXAMINER:

5 may be retained for yaur files.

VR A15ME 6M 1/66

# MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	03837	MEDICAL EXAMINER'S	CERTIFICATE OF	DEATH	03827
	PLACE OF DEATH O. COUNTY + anfund	MARYLAND	2. USUAL RESIDENCE (WI	here deceosed lived, if institution b. COUNTY	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs	ide corporote limits, write RURAI	and give nearest fawn)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in	baspital, give street address)	d STREET ADDRESS	Aill	e. IS RESIDENCE ON A FARM? YES NO
		mael Tus	lost N Q Y	4. DATE Month OF DEATH MANAGE MONTH	1 /8 Doy Year 4
1	MCV	MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH  April 22 - 18	188 lost birthday) 77 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
duri	USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)  Harmer Felices	10b. KIND OF BUSINESS OR INDUSTRY	Harford (Stote of	Pounty- Ind	12. CITIZEN OF WHAT COUNTRY?
13.	Samuel T	urner	14. MOTHER'S MAIDEN NA	Lee	
15. (Ye	was deceased ever in u.s. armed Forces? is, no, or unknown) (If yes give wor or dotes of ser		Mrs. Bessie		ete, Box 299 come de Drug Ma
	1B. CAUSE OF DEATH (Enter only one couse pur PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4  Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse	A Tini rack	rutie C	Vdrsean	INTERVAL BETWEEN ONSET AND DEATH
	lost. (c)_ PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IDIITING TO DEATH DIT NOT DELATED TO	THE TERMINAL DISEASE COID	ITION CIVEN IN DART 1/o	19. WAS AUTOPSY
CERTIFICATION		IBOTINO TO DEATH BUT NOT KEERIED TO	THE TERMINAL DISEASE COND	THOM GIVEN IN PART I(0)	PERFORMED?  YES NO
	20g. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Po	ort I or Port II of item 1B.)	51
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19	While Not While of work of work	ACE OF INJURY (Hame, form, tory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
	21. I certify that I taak charge of death resulted from: Natural co		eld on Autopsy, cide, Homicide [ CHIEF MEDICAL EX		
	EXAMINER'S G e-7 (1	e Polmon	DEPUTY MEDICAL		3-18-66
	BURIAL (REMATION, REMOVAL (Specify) 3-23-	66 Greenepung	Cemetery	23d. LOCATION (City or Town Level, Hey	lood mel. med.
24	Stellie A Bullant	ADDRESS 556 of	and of 250. REC'D E	25b. REGISTRAR 25b. REGIS	TRAR'S SIGNATURE

the second transfer of the second sec Animo charles El mans 

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remover abound papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1)300

	13000
1.	PLACE OF DEATH:    2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission)
	a. COUNTY   D. COUNTY   D. COUNTY
_	MARYLAND 110 MARYLAND
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
1	Taure de trace days Hoerdeen 12-1
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addless) d. STREET ADDRESS   e. IS RESIDENCE
	ON A FARM?
	Tartord Memoria 1 10 Dox 26 YES NOW
3.	NAME OF First   Middle Last A   4. DATE Month Day Year
	OECEASED (Type or print) (710 000 (CCC) Whether 3 2 1966
-	
٥.	(t) [ast birthday] Months   Dave   Hours   Min
-	N   widowed   Divorced   May 20, 1909   56 yrs.
10:	USUAL DCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR   11 BIRTHPLACE (County & State, or foreign country)   12 CITIZEN OF WHAT
aui	Ing most of working life, even if retired) INDUSTRY
- 0	Boiler Fireman U.S. Gov't Md
13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	George Whims Nadie Wartield
15	. WAS DECEASED EVER IN U.S. ARMED TORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address
(Y	s, no, or unkown) ((If yes give war or dates of service)
_	No   217-10-3610 Wife same as 2 c & d
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
	PART I. DEATH WAS CAUSED BY: AA I ONSET AND DEATH
	IMMEDIATE CAUSE (a) Malionant Neoplasm of Rt. Lung & Possible Brain Metastases
	163 X DUE TO
	Conditions, If any, which (b)
	gave rise to immediate (
	cause (a), stating the
z	underlying cause last. (c)
CERTIFICATION	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
S	YES NO TO
<b>E</b>	20a. ACCIDENT WAS UNDERLYING     2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part   or Part    of Item 18.)
8	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	(IF ETHER, NOTIFY MEDICAL EXAMINER)
MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
<u>a</u>	Hour a.m. While Not While factory, street, office bldg., etc.)
Σ	p.m. 19   at work   ]
	21. I certify that (I) (this hospital) attended the deceased from 5/24, 1955, to 3/2/, 1966, that (I) (we) last
	saw the deceased alive on $3/2/1$ 1966, and that death occurred at $5^{3}/2$ M, from the causes and on the date stated above.
	22a. SIGNATURE //
	ATTENDING MED. STAFF STAFF
	pleage of transtury, M.D. PHYS. DIRECTOR PHYS.
	22c. PHYSICIAN'S 22d. ADDRESS
	George T. Stansbury 569 Revolution St. Houre de Grace, Md.
238	BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)
1	REMOVAL (Specify)
	Burial 25 Mar. 66 Union A.M.E. Cemetery, R.D. Aberdeen, Md.
24	FUNERAL DIRECTOR Tarring APPRESS ral Home   25a. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE
1//	Ill Walouler St. Aberdeen, Maryland DAMAR 28 1966 Charles Judge

VR A15 (4) BT

A STATE OF THE PARTY OF THE PARTY. WILLOWS AND MERCHANISM Wille Warren by March 1 3000 MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY Maryland Page Harford Harford g death. MARYLAND delay Department b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PM3. Havre de Grace Havre de Grace d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street, address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS farm hours 103 S. Stokes Street Pages ate YES NO X be executed within 24 haurs after death. alang with 3. NAME OF Middle First Lost 4 DATE Year 25 ST Doy DECEASED OF the 8. Give ! THOMAS WEAVER 66 R. March 19 within (Type or print) DEATH IF LINDER 24 HRS with S. SEX 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthdoy) 53 yrs. Hours White WIDOWED DIVORCED Office Male in Item 1 - eve 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTIPLACE (State or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? d "pending" in pencil in Chief Medical Examiner's page in a 13. FATHER 257 NAME 14. MOTHER'S MAIDEN NAME File WAS DECEASED EVER IN U.S. ARMED FORCES? 03 S. Blokes St. 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, ar unknown) ((If yes give war or dates of service) removal 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH G Exposure to cold IMMEDIATE CAUSE (o) This certificate shauld the ward crematian, acute ethylism DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse ficate, writing the 8 lost. burial, used 19. WAS AUTOPS) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? YES X Arteriosclerotic cardiovascular disease pe priar ta 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) 3 shauld PRIMARY ST or CONTRIBUTING 4 should **EXAMINER:** Exposure to cold while under the influence of alcohol CAUSE OF DEATH designated agent, 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.)
Beside road Not While FUNERAL DIRECTOR: Page (X Havre de Grace, Harford, Md. 66 of work Page at work please execute 21. I certify that I taak charge of the remains described above, held an Autapsy 3. Inspection Inquiry and in my apinian the funeral directar. death resulted from: Natural causes Suicide . Accident x Hamicide Undetermined manner retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Health ar its SIGNATURE TO DEPUTY may be 3-2-66 DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) R. Breitenecker, M.D. BURIAL CREMATION 23b. DAJE THEREOF 23d LOCATION (City or Town) (County) (Stote) 0 EMOVAL (Specify) 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE

VR A15ME (5)

eran

Charles

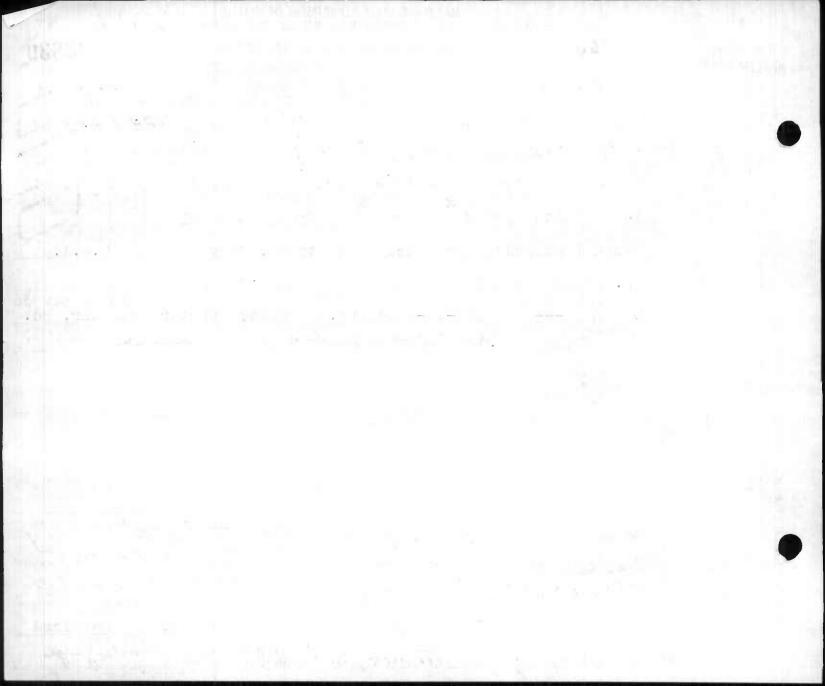
1966

And year or a first more

# MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STA	AKEM		038 <b>40</b> M	EDICAL EXAMINER'S	CERTIFICATE OF	DEATH	03830
HEALTH D	DEPT.		PLACE OF DEATH		2. USUAL RESIDENCE (Wh	ere deceosed lived, if institution:	Residence before odmission)
any delay is, 2, and 3 to	j. 4		county Harron	MARYLAND	o. STATE	b. COUNTY	Harl
delay and 3 13. Pa	death.		D. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outs	de corporote limits, write RURAL o	and give nearest town)
de and M3.	rtm er		write RURAL and give nearest town	0	13e/ A1	i RD#	-12-1
2, P	aft		NAME OF HOSPITAL OR INSTITUTION (If not in hospi	tol, give street address)	d. STREET ADDRESS	1124	e. IS RESIDENCE
= - =	ote Deportment hours after deat	D	DA Harford vien	wind the all	Ruffs 1	Morad	ON A FARM?
death. If e Pages with for	toto h	3.	VAME OF Eirst	Middle		4. DATE Month	Doy Year
	the St n 72		Type or print) John Edg	ar Web	sler	OF March	27 1066
after 8. Give olang	with the within 7	S.		RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years   IF	UNDER I YEAR   IF UNDER 24 HI
S - 0	2 +	1	Male White widow	VED DIVORCED	10/18/188	4 lost birthdoy) Mo	onths Doys Hours Min
hours Item 1 Office	lond 2	10o	USUAL OCCUPATION (Give kind of work done 10	b. KIND OF BUSINESS OR	11. BIRTHPLACE (Stote or		12. CITIZEN OF WHAT
-	Personal Property and Property	S	ng most of working life, even if retired) alesman (retired)	Insurance	Street.	Marvland	COUNTRY? U.S.A.
within pencil caminer	The pages		FATHER'S NAME		14. MOTHER'S MAIDEN NA		
wii w	00		B. Frank Webster		Henriet	ta Ady	
ed in		IS. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? , no. or unknown) (If yes give wor or dotes of service)	16. SOCIAL SECURITY NO. 17. 11	NFORMANT		RD #1 Box 3
executed anding" in Medical E	permit. movol,	L	No 2		s. Madelin	e Webster B	el Air, Md.
pending" ef Medical			18. CAUSE OF DEATH (Enter only one couse per line PART I, DEATH WAS CAUSED BY:	for (a) (b) and (c).)	tie C	Diseas	
l be	buriol-transit mation, or re		IMMEDIATE CAUSE (o)	neno see	4	) J- wice	ONSET AND DEATH
should e word the Ch	o buriol-tr cremation,		4221 DUE TO Conditions, if ony, which gove				
sh of	bur		rise to immediate couse (o),				
g the	Cre		stoting the underlying couse   DUE TO				
certificate sh writing the rwarded to	used os buriol, c			NO TO DESTINATE NOT DELETED TO T	III. TERMINAL PROPERTY COMPA		110 1110 1117 1117
Cer W , Wlo		NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	NG TO DEATH BUT NOT KETATED TO T	HE TERMINAL DISEASE CONDI	TION GIVEN IN PART I(o)	19. WAS AUTOPSY PERFORMED?
e ot	9 0 9	FICAL	20o. EXTERNAL CAUSE WAS 200	DESCRIBE HOW INJURY OCCURRED. (	Enter notice of later to De-	A.L. D. A.H. (1/2 10)	YES NO
= -	should I	CERTIFICATION	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	DESCRIBE HOW INJURY OCCURRED. (	ciner notate of injury in Por	T FOR FOR II OF ITEM 18.)	
e certifi should files.	3 sho			ld. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, form,	20f. (City or town)	(County) (Stote)
	Page 3 sh d ogent,	MEDICAL	Hour o.m.		ory, street, office bldg., etc.)	city of lowny	(200114)
ecute Poge for ye	red led		21. I certify that I taak charge of the		d an Autansy	Inspection & Inquiry	and in my apinio
exe or. I	IRECTOR: Podesignoted		death resulted from: Natural courses		de [], Homicide [	Undetermined manne	
MEDIC pleose e director retained	DIREC		M 1120		CHIEF MEDICAL EX		A S W
			SIGNATURE Level ( Fa	eme	_M.D. ASSISTANT MEDICA	L EXAMINER	22. DATE SIGNE
o DEPUTY necessary, the funeral 5 may be 1	200		EXAMINER'S (Se) 11 4	BIM a -	DEPUTY MEDICAL E		25- Colo
DEPL ecessa te fun may	Health	230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C		ty, town, or county)	
5 = + 2 C	2 =	P-	REMOVAL (Specify) 3/30/196		KEMATUKT	23d. LOCATION (City or Town) Street.	(County) (Stote)
	P	24.	FUNERAL DIRECTOR	6   Emory	2So. REC'D B		Maryland AR'S SIGNATURE
VR A15	ME (5)	0	least & Theat of	arrellandle !		29 1966 Action	wes Judge
	P		roues 6. There	reconce,	MANUEL I MANUEL E	0 1000	10

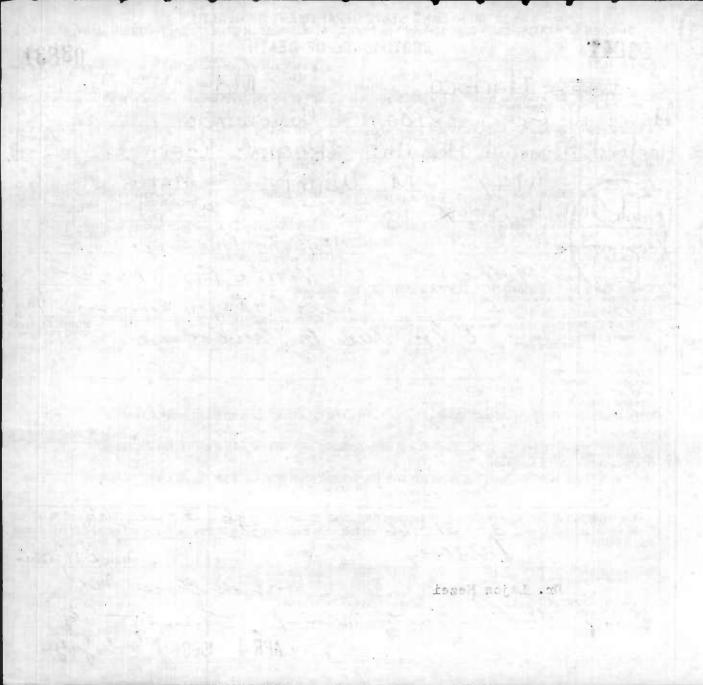


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please, amove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	113841 CERTIFICATE OF DEATH 03021
1.	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)  a. COUNTY  COUNTY
	a. STATE D. COUNTY C.P.C.)
-	b. CITY OR TOWN (if outside corporate limits.   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
	write RURAL and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street Address) d. STREET ADDRESS   e. IS RESIDENCE
11	UN A FARMY
3	artord Memorial Hospital BRAGANS GARAGE VES NOTE
3.	NAME OF First Middle Last 4. DATE Month Day Year OECEASEO
5.	(Type or print)  DEATH     DEATH       A C     3   19   6    SEX   6, COLOR OR RACE   7   RAPPLEO   18   OATE OF BIRTH   19. AGE (In years LIFLUNDER LYEAR HE LINDER 24 HRS.
5.	SEX   6. COLOR OR RACE   7. MARRIEO   NEVER MARRIEO   8. OATE OF BIRTH   9. AGE (In years   IFUNDER 1 YEAR   IFUNDER 24 HRS.   Hours   Min.   Months   Days   Hours   Min.
上	male White WIOOWED DIVORCED JOP 121, 1740 yrs.
10a	USUAL OCCUPATION (Give kind of work done   10b. KINO OF BUSINESS OR   11. BIRT HPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY2
1	tousewite Fulton loss Lone Cola USH
13.	FATHER'S NAME 14. MOTHER'S MAIOEN NAME
1	Somvel Moore Nettie Essenberger
15 (Y)	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address  Address
	My John Ragan Emouro 11 16
	18. CAUSE OF CEATH [Enter only one cause per line for (a), (b), and (c), 1 (//
	PART I. DEATH WAS CAUSED BY: 1MMEDIATE CAUSE (a) CV. A. QUE to Remorking. ONSET AND DEATH
	3312
	DUE TO Conditions, If any, which \
	gave rise to Immediate
	cause (a), stating the DUE TO underlying cause last.
No	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY
CATI	PERFORMEO?
E	20a. ACCIDENT WAS INDERLYING [1]   20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.)
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
MEDICAL	20c. TIME OF INJURY Month, Oay, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (State)
0	Hour a.m.  p.m.  19   While at work at work   at work
2	21. I certify that (I) (this hospital) attended the deceased from 3-29. 1966 to 3-31. 1966 that (I) (we) last
	saw the deceased alive on 3, - 3/ 19 66, and that death occurred at 3 M, from the causes and on the date stated above.
	22a. SIGNATURE   22b. DATE SIGNEO
	M.D. PHYS.   MECTOR   STAFF   Meach 31. 1966
	22c. PHYSICIAN'S NAME (Type)
	Dr. Lajos Mezei Horre de Shace Mg,
238	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	June ( July 1966 Constoy Memorial Tancoler 19
24	FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Januartin for 13 2 Whater John 4 1966 Clearles Judge.
-	

VR AI5 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02012

CERTIFICATE OF DEATH

03000

	0903	13		CERTIFIC	MIL	OI DEATH				11	000	36
1.	PLACE OF DEATH o. COUNTY Harf	ord		MARYLA	ND	2. USUAL RESIDENCE (* o. STATMaryla		ceased lived, if institut b. COU	UTV		admissia	
		OWN (If outside corporate limits, C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside carporate limits, write RURAL a				RAI and aive	and give negrest town)					
write RURAL and give nearest town)			5 Months		Edgewood	Jiside car	pordro minis, wine no	with one give	10 1			
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital USA Dispensary			at in haspital,			d. STREET ADDRESS 2036 Battl	o 6+			e. IS RESIDENCE ON A FARM?		ENCE ARM?
Ui	DA Disper	Isary				2000 Datel	.6 51				YES 🗌	NO 🔏
3. NAME OF First DECEASED (Type or print) Stephon			Middle Bigg S	W	lost illiams	4. DAT	March		Day 12	19 E		
	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	X B	B. DATE OF BIRTH		9. AGE (In years	IF UNDER Months		IF UNDER Hours	-
I	lale [	Negroid	WIDOWED	DIVORCED		8 Feb 62		4 Idsi birinday)	Months	Days	Hours	Min.
	. USUAL OCCUPATION	(Give kind of wark done life, even if retired)		IND OF BUSINESS OR NDUSTRY	177	11. BIRTHPLACE (County Harford,				TIZEN OF UNTRY?	WHAT USA	
3.	FATHER'S NAME			11/12		14. MOTHER'S MAIDEN		<u> </u>				-
		illiams				Eva Bi						
15	WAS DECEASED EVE	RINIIS ARMED FORCES?	1 14	SOCIAL SECURITY NO.	17 11	NFORMANT	000	Addro	ess			
(Y	es, no or unknown)	(If yes give war ar dates	of service)	N/A			36 E	Battle St,		rood	, Md.	
		ATH (Enter only one can							/ /		ERVAL BET	
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) Asphyxia									UN:	SEI AND D	CAIN
3533 DUE TO								2 77.				
	Conditions, if any		(b) Ep.	ilepsy						3 Years		rs
	stating the unde	rise to immediate cause (a), stating the underlying cause										
	lost.   (c)     PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)									119	WAS AUTO	)PCY
ATION	PAKI II. UIREK SI	GNIFICANT CONDITIONS	ONIKIBUTING	TO DEATH BUT NOT KEENIG	.0 10 1	TIE TERMINAL DISEASE CO	MOIIION	SIVER IN PART I(0)			PERFORM	NO
MEDICAL CERTIFICATION		S UNDERLYING   CAUSE OF DEATH MEDICAL EXAMINER)	205. D	ESCRIBE HOW INJURY OCCU	IRRED. (	Enter nature of injury in	Part I or	Part II of item 18.)				
MEDICAL	20c. TIME OF INJI Haur o.i	10	20d. I While at wol	Nat While		E OF INJURY (Home, farm ory, street, affice bldg., etc.		Of. (City or town)	(Co	unty)	(:	State)
	21. 1 certi	fy that (₹) (this hoseceased olive on D	spital) atten OA 12 I	nded the deceased from	am d thot	12 Mar death accurred of	0945	AM, from causes	and on t	be date	ot (1) (v	we) last labove
	22a, SIGNATURE	Lange 71	wa	gnes fr.	M.D	ATTENDING PHYS.	MED. DIRECTO	STAFF PHYS.		Mar Mar		6
	22c. PHYSICIAN'S NAME (Type	HENRY N.	WAGNER	1 1		USA Dispe	ensar	ry, Edgewo				d.
230	BURIAL, CREMATION REMOVAL (Specify	h 2-11	EREOF 5-66	23c. NAME OF CEMETER			1007	LOCATION (City or To	wn)	(County)	ford	tate)
2	. FUNERAL DIRECTO		Bull	ADDRESS 5	,	2Sa. REC'	D BY REG	SISTRAR 25b. RI	EGISTRAR'S S	IGNATUS	E	
1	ullenk's	Marticaren	36 for	vis D. Alexa	de	Skan TONNA!	7 18	1966 00	Clarel	2.0		

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. af Health priar ta burial, crematian, or removal, and in any every, within 72 hours after death Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

> A15 (4) A 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
ORDER TO DEATH

-	00030		OLK III ICAT	L OF DEATH		110033
1.	PLACE DF DEATH a. COUNTY	HarFord	/, MARYLAND	2. USUAL RESIDENCE (W a. STATE	here deceased lived, If Instit b. COUNTY	ution: Residence before admission)
7	b. CITY OR TOWN ( write RURAL an	if outside corporate limits, of give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY DR TOWN (If outside the control of the cont	de corporate limits, write	RURAL and give nearest town)
1	d. NAME OF HOSPI	TAL OR INSTITUTION (if not in h	ospital, give street address)	d. STREET ADDRESS	460	9. IS RESIDENCE ON A FARM?
I	1ar Porc	Memorial	Hospilal	616 611	rand S	YES NO E
3.	NAME DF DECEASED (Type or print)	John	Middle	11.1 -12	DATE Month OF DEATH 3	9 1966
5.	SEX 6	COLOR OR RACE 7. MARRIED	- HEVER MARKITED	B. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS. on this   Days   Hours   Min.
108	USUAL OCCUPATION		IND DF BUSINESS OR	11. BERTHPLACE (County &	k State, or foreign country)	8
anı	Ing most of working	life, even If retired)	notriction	md.		COUNTRY?
13.	. FATHER'S NAME	11/1/500	Mick	14. MOTHER'S MAIDEN NA	AME 7:0 da	~ >
15	. WAS DECEASED EVE	R IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY ND.   17.	INFORMANT	Address	RES Distant AST
	W (II	yes give war or dates of service)	0-03-3678 m	us. Rofie W.	anthony.	Have de Hunk
		TH [Enter only one cause port	ine for (a), (b), and (c).	No	1.	INTERVAL BETWEEN ONSET AND DEATH
ŝ		MMEDIATE CAUSE (a)	retras	1 tommor	nage	
H	Cenditions, If any	DUE TO			V	
3	gave rise to im cause (a), stati	mediate (				
z	underlying cause I	ast. (c)				
CERTIFICATION		NIFICANT CONDITIONS CONTRIBU				YES NO
	20a. ACCIDENT WA DR CDNTRIBUTING (IF EITHER, NOTIF	S UNDERLYING 20b. I CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injury	y In Part I or Part II of I	tem 18.)
MEDICAL	20c. TIME OF INJ Hour a.m. p.m.	JRY Month, Day, Year   20d. I While 19 at work	Not While factor	CE OF INJURY (Home, farm, ry, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	21. I certify t	hat (I) (this hospital) attend		3-5-66, 19	, to_3-9	, 19 Le, that (I) (we) last
	saw the decea	sed alive on	19 and that	death occurred at 937		d on the date stated above.
	Town.	man ( )301	M.D	ATTENDING MED.	STAFF -	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type		Beres	PHYS. DIRECT	TOR PHYS.	3/12/66
23a	BURIAL, CREMAT	DN.I 23b. DATE THEREOF	1 oct ger	409 unio	un. Hav	rear order M
	REMOVAL (Specif	1 3-12-66	Uman meta	what Em. a	Sterdeen, To	tarford C. Ind.
24	FUNERAL DIRECT	B. 00. 1	ADDRESS 554 X	MAD 1	1 441	STRAR'S SIGNATURE
4	racea of	2 proces,	same de ffue	y Md DAMEAN I:	4 1966 Jan	mas Judge
			0	11 - 10		

MARY ASSESSED TO HAM TO THE STATE OF THE STA